367/24/001-213

PLACE OF BIRTH

County of Ada

City of Boise

No. 8th + Front St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 144462

Primary Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD Harlan Wickliffe Coghlan
(Certificate of no value without full name of child)

Sex of Child Male | Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Aug. 24 1886 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Daniel Coghlan	FULL MAIDEN NAME	May Belle Baldwin
RESIDENCE	8th + Front St. Boise.	RESIDENCE	8th + Front St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Boise, Idaho.
OCCUPATION	Butcher	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..., 192...

Registrar.

(Signature) May Belle Coghlan
M. Wadhurst
(~~Physician or~~ midwife)

Address

Filed SEP 28 1926 192...

Dagad Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-127-6 37-613

PLACE OF BIRTH

County of Owyhee

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 149863

Registration State File No. 149863

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Chester Tindall

(Certificate of no value without full name of child)

Sex of Child: male | ~~Twin~~ Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Aug. 27 1916 (Month) (Day) (Year)

What bactericidal solution was used in eyes? no.

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William J. Tindall	FULL MAIDEN NAME	Paulina E. Watson.
RESIDENCE	Bruneau Ida - Post Office	RESIDENCE	Bruneau Ida. Post Office
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Georgetown Del.	BIRTHPLACE	Rehoboth Del.
OCCUPATION	Farming & Stock Raising	OCCUPATION	Home maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Paulina E. Tindall.
Mother
~~(Physician or midwife)~~

Address Tindall Idaho

Filed Mar 21 1927 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-129-026-372

PLACE OF BIRTH

County of Fremont Jefferson
Village
City of Lewisville

No. St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

224699

CERTIFICATE OF BIRTH **224698**

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Clement Baxen Adams
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day), 19 (Year)
male				yes	May 29, 1886

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Fourth (a) Born alive 4 and now living three

Born alive but now dead one Stillborn none

FATHER	MOTHER
FULL NAME Clement Carlos Adams	FULL MAIDEN NAME Emily Maria Tidd
Residence (Usual place of abode) ~~Malad~~ Idaho	Residence (Usual place of abode) ~~Willard Utah~~
If non-resident, give place and State Lewisville,	If non-resident, give place and State Lewisville, Idaho
Color or race White Age at last birthday 28 (Years)	Color or race White Age at last birthday 24 (Years)
Birthplace Mentha Tidfil - Wales (City and State or County)	Birthplace Willard Utah (City and State or County)
Occupation Homestead (natural girl)	Occupation Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at M. on the date above stated.

(See other side)

(Signature)

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed Sept 1934

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Clement Barnes Adams

Declared before me at the
Town of Blairmore, in
Province of Albertathis
Tenth Day of September
1934,

W. A. Beatty
A Notary Public

Commission Expires December 31st. 1934

Persons who know of the birth.

Mrs. H. D. Lish.
Rockland, Idaho

Mrs. O. D. Crippen
607 Elm St. S.
Kelso, Wash.

FILED JAN 20 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 228782

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. ..... St.
619-175-006-799
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Charley Warren

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Nov. 25 1886 (Month, Day, Year)

9. Full name — FATHER deceased now
Levi Warren

10. Residence (usual place of abode) Macbay
(If non-resident, give place and State) Idaho

11. Color or race white | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Galesburg Ill.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

18. Full maiden name — MOTHER
Mary Prickett Warren

19. Residence (usual place of abode) Macbay
(If non-resident, give place and State) Idaho

20. Color or race white | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) Carthage
(State or country) Jasper Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Fifth
(a) Born alive ~~and now living~~ ..... (b) Born alive but ~~now dead~~ ..... (c) ~~Stillborn~~ .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Mary Warren Mother, M. D.

or ....., Midwife

Address .....

Filed Jan, 1935

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 30 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. Main St.
(No. St. No's. those days)
(If born in hospital or institution give name.)

APR 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ✓ State File 240903

Prim. Registration District No. ✓ Local Registrar's No. ✓

617-12-035-295

2. FULL NAME OF CHILD MONTE J. WAX

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature ✓ Full term Yes | 7. Legitimate? Yes | 8. Date of birth August 21, 1896 (Month, Day, Year)

FATHER

9. Full name Henry Wax
10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville
11. Color or race White 12. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or country) San Francisco, Calif.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gen'l. Store
16. Date (month and year) last engaged in this work April 14 1905
17. Total time (years) spent in this work 30 and more

MOTHER

18. Full maiden name Hinda Binnard
19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville
20. Color or race White 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or country) Buffalo, N.Y.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work April 14, 1905
26. Total time (years) spent in this work 20 (now retired)

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of stillbirth ✓ | Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10:30 P.M. (Born Alive or Stillborn) on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ✓
(Date of)

Registrar.

(Signed) Mrs. Hinda Wax M. D. or ~~Midwife~~

Address 435 Cedar Avenue, Long Beach, Calif.

Filed 4/15/36, 193 ✓

Registrar.

255-127-004-551

JUL 29 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244586

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* William Alvin Bennett

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. ~~Premature~~ Full term Yes

7. Legitimate? Yes

8. Date of birth Aug. 27, 1886 ~~193-~~ (MONTH, DAY, YEAR)

FATHER

9. Full name: William David Bennett

10. Residence (usual place of abode) (If non-resident, give place and State): Dingle, Idaho

11. Color or race: White 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country): Cedar Fort, Utah County, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Emma Neat

19. Residence (usual place of abode) (If non-resident, give place and state): Dingle, Idaho

20. Color or race: White 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or country): Naunton, Worcestershire, England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child): One (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) Emma N. Bennett (MOTHER) ~~M. D.~~

or _____, Midwife

Address 530 East 3rd South, Salt Lake City

Filed July 29, 1936

_____ *Registrar.*

PERSONS WHO KNOW OF THE BIRTH

	Name	Address
1.	Louisa N. Grimmett	Paris, Idaho
2.	Alice M. Clifton	Magrath, Alberta, Canada
3.	Eli Bennett	Burley, Idaho

296-23-4035-867

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce near Lotah
City of Cornwall Ida
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 2 1936

CERTIFICATE OF BIRTH

247324

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lois Elma Brown

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Jan. 31, 1916 (Month, Day, Year)

FATHER

9. Full name Talcott Merrill Brown
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or country) .....

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Martha Ann Hoge
19. Residence (usual place of abode) (If non-resident, give place and State) Cornwall Ida
20. Color or race white 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or country) Mapleton Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs. Alice Avrison Lister, ~~M. D.~~
~~or~~ ....., ~~Midwife~~
~~Address~~ 29 Grove Ave, Chicopee Falls Mass.
Filed Oct. 2, 1936
NOTARY PUBLIC
Registrar Notary

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

My commission expires Jan. 30, 1942

MAY 7 1959

291-222-036-418

247649

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 247649

OCT 29 1936 RECEIVED

1. PLACE OF BIRTH
County of Oneida
City of Franklin
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Myrtle Mayberry Braley (Boy) [illegible]

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? X | 8. Date of birth 22 Oct 1886 (Month, Day, Year)

FATHER

9. Full name Gaston La Fayette Braley.
10. Residence (usual place of abode) (If non-resident, give place and State) Franklin
11. Color or race W. | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Ashland Tenn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Josephine Mayberry
19. Residence (usual place of abode) (If non-resident, give place and State) Franklin
20. Color or race W. | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Franklin, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) ~~one~~ (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 1 a.m. on the date above stated.

(Signed) Josephine M. Braley Mother, M. D.
or Josephine Mayberry Braley Mother Midwife
Address 1514 Allston Way, Berkeley, California.
Filed Oct 29, 1936

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Inolinda Peterson. Franklin Idaho-
Miss Beulah Biggs Franklin Ida-
Thos. Durant- Franklin - Idaho-

A437-202-001-2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St. .....

(If born in hospital or institution give name.)

AUG 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257514

Registration District No. ..... State File No. 257514

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harriet Belle McPherson

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth Jan 2, ~~193~~ 1886 (Month, Day, Year)

FATHER

9. Full name Rufus King McPherson

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattle man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Jan 2, ~~19~~ 1886

17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Margaret Elizabeth Buster

19. Residence (usual place of abode) (If non-resident, give place and State) Boise

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Jan 2, ~~19~~ 1886

26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed AUG 17 1937, 193.....

Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret E. McPherson being first duly sworn says that she is the mother (Relationship of child)* of Harriet Belle McPherson born Jan 2 1886 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harriet Belle McPherson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Harriet Belle McPherson and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mrs Margaret E McPherson
P. O. Address 1229 Third St Long Beach Calif

Subscribed and sworn to before me this 11th day of August 1937, 19

Joseph J Mest
Notary Public.
Residing at Long Beach, Calif, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

799-218-00-799

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261548

1. PLACE OF BIRTH
County of Ada
City of Middleton
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alva Gertrude Griggs was Born June 18-1886

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth 6-18-1886, 193..... (Month, Day, Year)

FATHER

9. Full name Elliott Griggs
10. Residence (usual place of abode) (If non-resident, give place and State) Middleton
11. Color or race White | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lou A Griggs.
19. Residence (usual place of abode) (If non-resident, give place and State) Middleton
20. Color or race white | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lou Ann Griggs McClelaran Mother ~~M. D.~~
or ....., Midwife
Address Boise Idaho Route 2

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed JAN 7 - 1938

Subscribed and sworn to before me this 6th day of Jan. 1938, 193..... Pearl Dillingham State Registrar

NOV 24 1952

493-111-010-657

762592

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Eagle Rock

No. ..... St.

(If born in hospital or institution give name.)

FEB 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

262592

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alexander James Mitchell

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature ✓ Full term Full term | 7. Legitimate? yes | 8. Date of birth Sept. 11, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry William Mitchell	18. Full maiden name Martha Weaver
10. Residence (usual place of abode) Iowa [redacted] (If non-resident, give place and State)	19. Residence (usual place of abode) Eagle Rock (If non-resident, give place and State) Denver Idaho
11. Color or race W | 12. Age at last birthday Eagle Rock (years)	20. Color or race W | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) Boston, Massachusetts (State or Country)	22. Birthplace (city or place) Alma, Michigan (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machineist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad Shops.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work September, 1933	25. Date (month and year) last engaged in this work June, 1935
17. Total time (years) spent in this work 42	26. Total time (years) spent in this work 40+

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) - - Davis - Deceased M. D.

or Father - Henry William Mitchell [redacted]

Address 3047 Josephine St., Denver, Colorado.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed FEB 7 1938, 193 .....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado
County of Denver } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry William Mitchell being first duly sworn says that Alexander is the Son (Relationship of child)* of Henry William Mitchell born September 11, 1886 (Date of birth) at Eagle Rock, Bonneville Co., Idaho, whose certificate of birth is hereto attached, and that Alexander James Mitchell desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Alexander James Mitchell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that — — Davis M. D. was the ~~Midwife~~ medical attendant at the birth of said Alexander James Mitchell and that the said medical attendant is Now deceased (Now deceased (~~or) cannot be located~~)

Name of Affiant Henry William Mitchell
P. O. Address 3047 Josephine. Denver Colo.

Subscribed and sworn to before me this 2nd day of February, 1938.

Ora Nelsen
Notary Public.

My Commission Expires January 17, 1940

Residing at ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

613-106 001-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ADA

City of BOISE

No. 1111 IDAHO St.

(If born in hospital or institution give name.)

FEB 18 1938

STATE OF IDAHO
DEPARTMENT ~~OF~~ PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 263507

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Falk

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth 8 6 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name Nathan Falk	18. Full maiden name Rosa Steinmeier.
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W. | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 8/6, 1886 | 17. Total time (years) spent in this work 18	25. Date (month and year) last engaged in this work 8/6, 1886. | 26. Total time (years) spent in this work -

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead - (c) Stillborn -

29. If stillborn, period of gestation - { months or weeks

30. Cause of stillbirth - { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Rosa Falk, ~~M. D.~~

or Mother, ~~Midwife~~

Address Boise Idaho

Filed 2/18/38, 193...

Give name added from a supplemental report .....

(Date of)

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rosa Falk being first duly sworn says that She is the mother of Ralph Falk
(Relationship of child)*

born Aug 6- 1886 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ralph Falk hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Geo Collister M. D. was the ~~Midwife~~ medical attendant at the birth of said Ralph Falk and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Rosa Falk

P. O. Address Boise Idaho

Subscribed and sworn to before me this 21 day of Feb, 19 38

R D Barbour
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 26 1957

JAN 2 9

A 515-130001-384

266564

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 1938

Registration District No. _____ State File No. 266564

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Clarence Vance

3. Sex Male

If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth Sept. 30, 1886 (Month, Day, Year)

FATHER

9. Full name George Vance (now deceased)

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 54 (years)

13. Birthplace (city or place) (State or Country) Crawfordsville Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Sept, 1886

17. Total time (years) spent in this work 40 yrs

MOTHER

18. Full maiden name Maria Lyman (now deceased)

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race White | 21. Age at last birthday 44 (years)

22. Birthplace (city or place) (State or Country) Rockford Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Sept, 1886

26. Total time (years) spent in this work 30 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of Stillbirth ✓ { During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____ (Date of)

Filed MAY 23 1938, 193_ Pearl Hillingham State Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Alameda } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arthur Vance being first duly sworn says that ..... is the Brother of Clarence Vance
(Relationship of child)*

born Sept. 30 - 1886 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarence Vance ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said Clarence Vance and that the said medical attendant is unknown
(Now deceased (or) cannot be located)

Name of Affiant Arthur Vance
P. O. Address Richmond - California

Subscribed and sworn to before me this 17th day of May, 1938.

Louise Hart
NOTARY PUBLIC
In and for the County of Alameda, State of California
Residing at — — , ~~Idaho~~ Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

443-112-028-755

RECEIVED JUL 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268847

Registration District No. 32 State File No. 268847

Prim. Registration District No. 2049 Local Registrar's No. 24

1. PLACE OF BIRTH
County of Kootenai
City of St Maries
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Daniel Ducommun

3. Sex male | If plural births: 4. Twin, triplet, or other f | 5. Number, in order of birth ✓ | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Aug 12, 1936 (Month, Day, Year)

FATHER

9. Full name Emile Ducommun
10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries
11. Color or race white | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Switzerland - Europe

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. store keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Rachel Marie Gentiel (Gentiel)
19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries Ida
20. Color or race white | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Switzerland Europe

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ? m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Stephen Ducommun Brother, ~~M.D.~~
or ....., ~~Midwife~~
Address St. Maries Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed April 11, 1938 Walter Boberg Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stephen Ducommun being first duly sworn says that he is the brothe of John Daniel Ducommun
(Relationship of child)*

born August 12. 1886 at St. Maries, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Daniel Ducommun hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Stephen Ducommun Brother ~~M. D.~~ ~~Midwife~~ was the medical attendant at the birth of said None and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Stephen Ducommun
P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 11th day of April, 19 38

Walter Roberg U. S. Commr
~~Notary Public.~~

Residing at St. Maries, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A129-215029-712

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269976

Registration District No. ..... State File No. 269976

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Latah

City of near Moscow

No. Rural

On farm about 8 mi. S.E. of Moscow.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Julia Pauline Abrahamson

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth May 15, 1886 (Month, Day, Year)

FATHER

9. Full name Andrew T. Abrahamson

10. Residence (usual place of abode) on farm near (If non-resident, give place and State) Moscow, Idaho

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Norway (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On his own farm

16. Date (month and year) last engaged in this work So engaged at present

17. Total time (years) spent in this work 5 or 7 yrs.

MOTHER

18. Full maiden name Augusta Alvina Gabrielson

19. Residence (usual place of abode) On farm near (If non-resident, give place and State) Moscow, Idaho.

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) Norway (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work So engaged at present, 19....

26. Total time (years) spent in this work about 14 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child) Six

(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed AUG 22 1938 193.... .....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Louise T. Erickson being first duly sworn says that she is the sister (Father and Mother being deceased) of Julia Pauline Abrahamson
(Relationship of child)*

born May 15, 1886 at near Moscow, Latah County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Julia Pauline Abrahamson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Julia Pauline Abrahamson hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that (not known) M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (not known)
(Now deceased (or) cannot be located)

Name of Affiant Louise T. Erickson

P. O. Address 823 East 36th Ave., Spokane, Wash.

Subscribed and sworn to before me this 22 day of Aug, 1938

C. Schlid
Notary Public.

Residing at Spokane, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A619-209-028-263

1. PLACE OF BIRTH

County of Kootenai

City of Old Granite

No. ..... St. SEP 16 1938

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. 270046

Prim. Registration District No. 2051 Local Registrar's No. 252

2. FULL NAME OF CHILD Clara Bell Farrer

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth June 9, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name Franklin D. Farrer	18. Full maiden name Alice Sollee
10. Residence (usual place of abode) (If non-resident, give place and State) Old Granit, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Old Granit, Idaho
11. Color or race white | 12. Age at last birthday 30 (years)	20. Color or race white | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Ottowa (State or Country) Minnesota	22. Birthplace (city or place) ..... (State or Country) Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report Franklin D. Farrer
(Date of)

..... Registrar.

(Signed) ....., M. D.

or Libby, Montana, Midwife

Address .....

Filed 9-16-38, 193.. L.C.Krotcher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana
County of Lincoln } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Franklin D. Farrer, being first duly sworn says that he is the father of Clara Bell Farrer, (Relationship of child)*
born August 8 1866, at Old Granite, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clara Bell Farrer, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that L. D. M. D. was the Midwife medical attendant at the birth of said Clara Bel Farrer, and that the said medical attendant is a midwife (Now deceased (or) cannot be located),

Name of Affiant Franklin D. Farrer
P. O. Address Libby, Montana

Subscribed and sworn to before me this 8th day of August, 1938

D. P. Boyle
Notary Public.

NOTARY PUBLIC for the State of Montana,
Residing at Libby, Montana.
My Commission expires August 10th 1939

Residing at Libby, Montana, ~~Idaho~~

*If the father and mother are dead, and the affiant signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

454-29-004-689

273312

1. PLACE OF BIRTH

County of Bear Lake

City of Montpelier, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 26 1938

CERTIFICATE OF BIRTH

273312

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Esther Alice Underwood

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Dec. 19 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Lauren Underwood	18. Full maiden name Lizzie Mason Whitman [redacted]d
10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier Idaho
11. Color or race white 12. Age at last birthday 54 (years)	20. Color or race white 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Deposit, Broome Co., New York	22. Birthplace (city or place) (State or Country) Como, Whiteside Co. Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock buyer and butcher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in own home
16. Date (month and year) last engaged in this work 1890, ~~10~~	25. Date (month and year) last engaged in this work Feb. 19, 1914
17. Total time (years) spent in this work 20	26. Total time (years) spent in this work 48

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn non

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Mrs. Bridges, Midwife

Address now deceased

Filed ....., 193.... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Payette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lizzie Mason Underwood being first duly sworn says that she is the mother (Relationship of child)* of Esther Alice Underwood born December 19, 1886 (Date of birth) at Montpelier, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Esther Alice Underwood hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Bridges ~~M. D.~~ was the Midwife medical attendant at the birth of said Esther Alice Underwood and that the said medical attendant is now desceased (Now deceased (or) cannot be located)

Name of Affiant Lizzie Mason Underwood
P. O. Address Payette, Idaho

Subscribed and sworn to before me this 25th day of November, 1938.

Lillian Wilson
Clerk of the District Court in and for Payette Co., Idaho ~~Notary Public.~~
Residing at Payette, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

464 226 020 235

279632

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

(If born in hospital or institution give name.)

JUN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279632

Registration District No. 34 State File No. .....

Prim. Registration District No. 2020 Local Registrar's No. 20

2. FULL NAME OF CHILD Lillie Dodge

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth July 26, 1886 (Month, Day, Year)

FATHER

9. Full name: David Dodge

10. Residence (usual place of abode) (If non-resident, give place and State): Mountain Home

11. Color or race: White 12. Age at last birthday: 37 (years)

13. Birthplace (city or place) (State or Country): New York City, N. Y.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pumper for Railroad

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work: unknown, 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Jennie Steers

19. Residence (usual place of abode) (If non-resident, give place and State): Mountain Home, unknown

20. Color or race: white 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country): Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work: ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Fay Bayko M.D.

or Niece of Lillie Dodge, Midwife

Address Mountain Home, Idaho

Filed June 2nd, 1939 [signature] Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

AFFIDAVIT TO ACCOMPANY CERTIFICATE OF BIRTH

STATE OF IDAHO)
) ss.
COUNTY OF ELMORE)

Fay Dodge Sayko, being first duly sworn says that she is the niece of Lillie Dodge, born July 26, 1886, at Mountain Home, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139-1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lillie Dodge hereto attached are true and correct as stated herein, and that this birth has not been previously recorded.

Affiant further states that the medical attendant of the said Lillie Dodge is dead, further that both the mother and father are dead.

Name of Affiant Fay Sayko

P. O. Address Mountain Home, Idaho

Subscribed and sworn to before me this 2nd day of June, 1939

C. Anderson
Notary Public
Residing at Mountain Home, Idaho

177 229 014 295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of CANYON (PAYETTE)

City of PAYETTE.

No. ..... St.

(If born in hospital or institution give name.)

JUN 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 280796

Registration District No. 4. State File No. .....

Prim. Registration District No. 1008 Local Registrar's No. 69

2. FULL NAME OF CHILD NELLIE BESSIE APPLEGATE ([redacted])

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No. Full term Yes.

7. Legitimate? Yes

8. Date of birth May 29, 1886 (Month, Day, Year)

9. Full name FATHER JOHN HENRY APPLEGATE

10. Residence (usual place of abode) (If non-resident, give place and State) OREGON

11. Color or race W. | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Umatilla County Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

18. Full maiden name MOTHER MARTHA MARY ELIZABETH KING

19. Residence (usual place of abode) (If non-resident, give place and State) OREGON

20. Color or race W. | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Winona Mississippi.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2. (At time of this birth and including this child) 2.

(a) Born alive and now living 2. (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Elizabeth Applegate Mother, M. D.

or John Henry Applegate Father, Midwife

Address NEW PLYMOUTH, IDAHO

Filed 6/17/39, 193. J. C. Woodward Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO, } ss.
County of PAYETTE.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ELIZABETH APPLEGATE-JOHN HENRY APPLEGATE ---------- being first duly sworn says that she-he is the Mother-Father of NELLIE BESSIE APPLEGATE
(Relationship of child)*

born MAY 29, 1886 at CANYON-PAYETTE COUNTY, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she-he ---------- desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said NELLIE BESSIE APPLEGATE oooooooooooooooooooooooooooo hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that NO M. D. was the Midwife medical attendant at the birth of said NELLIE BESSIE APPLEGATE and that the said medical attendant is ----------
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth Applegate / John Henry Applegate

P. O. Address NEW PLYMOUTH, IDAHO.

Subscribed and sworn to before me this 1 day of January, 1939

E P Gray
Notary Public.

Residing at New Plymouth, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A417-218-525 464

RECEIVED AUG 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283135

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise
City of Idaho City
No. ..... St.
(If born in hospital or institution, give name.)

2. FULL NAME OF CHILD Helen Douglas Magee

3. Sex. Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Oct. 19, 1886 (Month, Day, Year)

FATHER

9. Full name Charles Lockhart-Magee

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho City

11. Color or race White 12. Age at last birthday 57 (years)

13. Birthplace (city or place) (State or Country) Ireland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private stage and freight-line

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work about 1895

17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Jane Douglas

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho City

20. Color or race White 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Chester, Illinois.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work October, 1920

26. Total time (years) spent in this work 42

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillborn ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ..... 193.... .....
Registrar. Registrar.

AUG 22 1939

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at a birth, use a Separate Return must be made for each, and the number each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Ada } ss.

Sadie E. Galbreaith being first duly sworn says that

she is the cousin of Helen Douglas Magee
(Relationship of child)*

born October 19, 1886 at Idaho City, Boise Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Helen Douglas Magee hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Herman Zipf M. D. was the ~~Midwife~~ medical attendant at the birth of said Helen Douglas Magee and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Sadie E. Galbreaith
P. O. Address 1311 W. Jefferson St. Boise

Subscribed and sworn to before me this 22nd day of August, 1939

Stanley M. Gray
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A966-115-025-383

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

287488

DEC 23 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287488

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City of Mt Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD David E. Rowe

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth APR 15, 1916 (Month, Day, Year)

FATHER

9. Full name Henry Eliga Rowe

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Posy county Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freighter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. self

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Lyttle

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Posy county Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work to date, 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Dec. 23, 1939 May G. Atwood State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Clark } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Lyttle Rowe being first duly sworn says that she is the mother of David E. Rowe
(Relationship of child)*

born April 15, 1886 at Mt Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that David E. Rowe desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said David E Rowe

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Rachel Lyttle ~~M. D.~~ was the Midwife medical attendant at the birth of said David E Rowe and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary Lyttle Rowe

P. O. Address [illegible], Vancouver, Wash.

Subscribed and sworn to before me this [illegible] day of December, 19[illegible]

Everal Carson
Notary Public.

Residing at Vancouver, Washington, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A957-211-029-514

287498

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of East of Genesee, Idaho

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

DEC 27 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287498

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Minnie Jay Ingle

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth 7/11/1886 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Andrew Ingle	18. Full maiden name: Malinda P. Vaden
10. Residence (usual place of abode) on farm (If non-resident, give place and State) genesee, Idaho	19. Residence (usual place of abode) Genesee, Idaho (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Benton County, (State or Country) Arkansaw	22. Birthplace (city or place) Lexington, (State or Country) Missouri.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. on own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work all time 1886	25. Date (month and year) last engaged in this work all time 1874
17. Total time (years) spent in this work all his life,	26. Total time (years) spent in this work all her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none known

28. Number of children of this mother Seven (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dr. W. C. Cox at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed DEC 27 1939 193.. ..... Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles S. Ingle being first duly sworn says that he is the Brother of Minnie Jay Ingle
(Relationship of child)*

born July 11, 1886 at Near Genesee, Idaho, Latah, Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Minnie Jay Ingle hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. C. Cox M. D. was the Midwife medical attendant at the birth of said Minnie Jay Ingle and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Charles S. Ingle
P. O. Address Genesee, Idaho

Subscribed and sworn to before me this 8th day of December 1939., 19

W. C. Cox
Notary Public.

Residing at Genesee, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 356-225 to 29-331

2 87571

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287571

JAN 19 1940

Registration District No. 61 State File No. .....

Prim. Registration District No. 1011 Local Registrar's No. 1019

2. FULL NAME OF CHILD Louise Ophelia Thorne

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Feb. 25th, ~~1903~~ 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Howard Ellsworth Thorne	18. Full maiden name: Louise Frances Clark
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow Idaho
11. Color or race: White	12. Age at last birthday: 28 (years)
20. Color or race: White	21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Brooklyn N.Y.	22. Birthplace (city or place) (State or Country): Chelsea Mass.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Wholesale Grocery	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: Feb., ~~1918~~ 1886	17. Total time (years) spent in this work: 2 years
25. Date (month and year) last engaged in this work: Feb., ~~1918~~ 1886	26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) Two (2)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Unknown, M. D.

or ....., Midwife

Address .....

Filed 1-18, 1940 Harry Embree Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Michigan
County of Muskegon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Anna Thorne being first duly sworn says that she is the sister of Louise Ophelia Thorne (Fullerton)
(Relationship of child)*

born February 25th 1886 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Louise Ophelia Thorne (Fullerton) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Margaret Anna Thorne
P. O. Address 345 West 88th St. New York City

Subscribed and sworn to before me this 28 day of December, 1939

Theyger A. Anderson
Notary Public.

Residing at Muskegon Mich., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Jan. 4, 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Harvard, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 14 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287616

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD KATIE MARGARET CANFIELD

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth October 23, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name Homer Wells Canfield	18. Full maiden name Rhoda Ladeau Peterson
10. Residence (usual place of abode) (If non-resident, give place and State) Harvard, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Harvard, Idaho
11. Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Southfield, Mass.	22. Birthplace (city or place) (State or Country) Newport, New Jersey
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work October 23, 1886	25. Date (month and year) last engaged in this work October 23, 1886
17. Total time (years) spent in this work Three	26. Total time (years) spent in this work One

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Rhoda Peterson Canfield, M.D.

or Mother, Midwife

Address Harvard, Idaho

Filed Dec. 14, 1939 Mae G. Atwood, Registrar.

FEB 8 1955

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rhoda Canfield being first duly sworn says that she is the Mother of Katie Margaret Canfield
(Relationship of child)*

born October 23, 1886 at Harvard, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Affiant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Katie Margaret Canfield hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Louella Hoskins ~~XXXXXXX~~ was the Midwife medical attendant at the birth of said Katie Margaret Canfield and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Rhoda Canfield
P. O. Address Harvard, Idaho

Subscribed and sworn to before me this 1st day of December, 1939

Jack McQuade
Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A153-22 2035 279

RECEIVED FEB 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288837

Registration District No. ..... State File No. 288837

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ova Grace Anthony

3. Sex female

If plural births { 4. Twin, triplet, or other no
5. Number, in order of birth one

6. Premature no
Full term yes

7. Legitimate? yes

8. Date of birth Oct 22 nd 1886 (Month, Day, Year)

FATHER

9. Full name William Gordan Anthony

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho

11. Color or race white | 12. Age at last birthday deceased (years)

13. Birthplace (city or place) ..... (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ova Sproat

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Wyndose (State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living alive (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation no months or weeks

30. Cause of Stillbirth no { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed FEB 2 1940, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Santa Clara } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MARY ELIZABETH SPROAT being first duly sworn says that she is the aunt (Relationship of child)* of IVA GRACE ANTHONY (now Mrs. Grace Wills) born October 22, 1886 (Date of birth) at Lewiston, Nez Perce County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that (dont know medical attendant) M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is .....
(Now deceased (or) cannot be located)

Name of Affiant Mary Elizabeth Sproat.
P. O. Address 251 Webster St. Palo Alto, Calif.

Subscribed and sworn to before me this 27th day of January, 1940.

Signe Holm
Notary Public.

Residing at Los Altos, Calif., ~~KKKX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MMISSION EXPIRES
DEC. 26, 1943

433-204-035-191

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

291052

RECEIVED
APR 15 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291052

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. 1224 Idaho St.
Lewiston Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alta Mable McConville

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Oct. 4, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward McConville	18. Full maiden name Viola Caroline Grant
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race White / 12. Age at last birthday 36 (years)	20. Color or race White / 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) Cape Vincent New York	22. Birthplace (city or place) (State or country) Central City Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of School	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Indian School	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School
16. Date (month and year) last engaged in this work ....., 19..... / 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... / 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Viola C. McConville X, M.D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed April 9, 1940 Mae B. McThomas M.D.
Registrar.

State of California)
County of Alameda) ss

On this 26th day of March in the year One Thousand Nine Hundred and Forty before me, H. T. Derry a Notary Public in and for the County of Alameda, State of California, residing therein, duly commissioned and sworn, personally appeared Viola L. McConville

known to me to be the person described in and whose name subscribed to the within instrument, Birth certificate

and she acknowledged to me that she executed the same

In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, the day and year in this certificate first above written.

H. T. Derry
Notary Public
In and for said County of Alameda, State of California
City of San Leandro.

GENERAL ACKNOWLEDGMENT
Hardy's Blank No. 411 12066
Hardy's Bookstore Oakland California

291052

STATE OF IDAHO

RECEIVED
APR 15 1940

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

X she being first duly sworn says that she is the Mother of Alta Mabel McConville
(Relationship of child)*
born October 4th, 1886 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Alta Mabel McConville hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Charles Schaff M. D. ~~was the Midwife~~ medical attendant at the birth of said Alta Mabel McConville and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Viola C. McConville (Mother) X
P. O. Address 965 Lee Ave San Leandro Calif

Subscribed and sworn to before me this 26th day of March, 1940

H. T. Berry
Notary Public.

Residing at San Leandro, Calif, ~~Idaho.~~
Alameda County

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A418 205 044 639

296512

296512

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 14 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Washington

City of Midvale Idaho State

No. — St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Sadie Altha Day

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes.

8. Date of birth Jan. 5th, ~~193~~ 1886 (Month, Day, Year)

FATHER

9. Full name Byron Smith Day

10. Residence (usual place of abode) (If non-resident, give place and State) Midvale, Idaho

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work ....., 1929

17. Total time (years) spent in this work Lifetime

MOTHER

18. Full maiden name Maria Elizabeth Flint

19. Residence (usual place of abode) (If non-resident, give place and State) Midvale Idaho

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Unknown

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Lifetime, 1906

26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation Nil { months or weeks

30. Cause of Stillborn — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) x Dr. Addie E. Grubb, ~~M.D.~~

or ....., ~~Midwife~~

Address Arguin Calif.

Filed Aug. 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 14 1940

State of California
County of Napa } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Addie E. Grubb being first duly sworn says that she is the Cousin (Relationship of child)* of Sadie Altha Day born January 5th 1886 (Date of birth) at Midvale, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Sadie Altha Day hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that _____, M. D., was the Midwife medical attendant at the birth of said _____ and that the said medical attendant is _____ (Now deceased (or) cannot be located)

Name of Affiant Mrs. Addie E. Grubb
P. O. Address Angwin Calif.

Subscribed and sworn to before me this 7th day of August, 1940.

Marie Ausberg Olsen
Notary Public.

Residing at Angwin, California, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

487-193-83-8-251

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

297896

CERTIFICATE OF BIRTH

RECEIVED AUG 27 1940

Registration District No. 208 State File No. 297896

Prim. Registration District No. _____ Local Registrar's No. 57

1. PLACE OF BIRTH
County of Latah
City of near Moscow
No. _____ St.
(community known as Thorn Creek)
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leslie Dygert

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth ✓ | 6. Premature _____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth July 3, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Albert Dygert (Deceased) ✓	18. Full maiden name: Flora Trifena ~~Dygert~~ Beardsley
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho
11. Color or race: W. Pile | 12. Age at last birthday: 67 (years)	20. Color or race: W. Pile | 21. Age at last birthday: 83 (years)
13. Birthplace (city or place) (State or Country): Algonquin Illinois USA	22. Birthplace (city or place) (State or Country): Crystal Lake Illinois USA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: Nov 24 ✓, 1922	25. Date (month and year) last engaged in this work: _____, 19__
17. Total time (years) spent in this work: 46	26. Total time (years) spent in this work: 83 ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn ✓

29. If stillborn, period of gestation 9 months ~~or weeks~~

30. Cause of Stillbirth: During labor Breech; Before labor Presentation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, ~~M.D.~~
or ✓ Flora T Dygert Mother, ~~Midwife~~
Address _____

Give name added from a supplemental report _____
(Date of)

Filed Aug. 14, 1940 Mrs F C Gibson
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

AUG 2 1941

State of Idaho,)
: ss
County of Latah.)

I, Flora T. Dygert, after being first duly sworn, deposes and says; That I am a natural born citizen of the United States, now of the age of 83 years, and that I have at all times during my entire life, been a citizen of the United States;

That my maiden name was Flora T. Beardsley, and that I married one Albert Dygert, a citizen of the United States, who is now deceased:

That as the result of my marriage to Albert Dygert above named, a son was born on July 3rd, 1886, whom we named Leslie.

That the place of birth of son Leslie was in a farming community known as Thorn Creek, about eight miles South of the town of Moscow, in the County of Latah, State of Idaho;

That the name of the attending physician was a Dr. Blake, from Moscow, Idaho, and in addition to my husband Albert Dygert, there was also present at time of said birth, a Mrs. C. C. Carpenter and a Mrs. Henry Bangs, both of whom resided on nearby farms;

That to the best of my knowledge and belief Dr. Blake, Mrs. C. C. Carpenter and Mrs. Henry Bangs above mentioned, as well as my husband are all deceased;

That my husband, Albert Dygert, was born in the United States and was a citizen of the United States at all times during his life time;

That the statements contained herein are made for the express purpose of identifying my son Leslie Dygert as a citizen of the United States of America as a certificate was not obtained at time of his birth, July 3rd, 1886, nor since that time.

In Witness Whereof, I have hereunto set my hand and seal this 27th day of July, 1940.

Flora T. Dygert (Seal)

State of Idaho,)
: ss
County of Latah.)

On this 27th day of July, 1940, before me, E. S. Thompson a Notary Public, in and for said state, personally appeared, Flora T. Dygert, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same.

In Witness Whereof, I have hereunto set my hand and notarial seal the date last above written.

E. S. Thompson
Notary Public

381/715 033-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 26 1940

29-1945

State File No. 297945
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ? days. Own home
In **THIS** county ... years ... months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address 1911-32 St San Diego
3. **RESIDENCE OF FATHER** (city, state) San Diego Calif.

4. **FULL NAME OF CHILD** Thomas LeRoy Charles
5. Date of Birth (Month, day, year) Sept. 15 1886
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David William Charles
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Charles
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Bagit (City or town) Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born ~~alive and now living~~ yes
(c) Born alive and now dead 5 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Aug 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Entered on or Filed by Statistician (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David William Charles being first duly sworn, say that I am Father of (Related to (or) acquainted with) Thomas LeRoy Charles (Name of person on certificate above) Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None Living (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

David William Charles
Name
1911-32nd St. San Diego
P. O. Address

Subscribed and sworn to before me on this 20th day of August 1940

(SEAL) Albert L. Griffith Notary Public, residing at 3134 Dale St San Diego, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497 ID 006 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298086

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298086
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

RECEIVED SEP 5 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Blackfoot, Ida
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Guy Dippel
5. Date of Birth (Month, day, year) 7-17-1886
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Clarence Dippel
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sacramento Calif (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louella May Parsons
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Payne Illinois (City or town) (State or foreign country)
20. Exact Occupation School girl housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louella May Dippel, being first duly sworn, say that I am mother (Related to (or) acquainted with) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Cordon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Louella May Dippel Name
..... P. O. Address

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES 4/6/41

Subscribed and sworn to before me on this 2nd day of August, 1940.
(SEAL) ..... Notary Public, residing at Portland, Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A381-124
036553

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Dayton, Idaho.
No. ..... St.
(If born in hospital or institution give name.)

SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298179

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Frederick Chadwick (Jr.)

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth Third

6. Premature ..... Full term ✓

7. Legitimate? .....

8. Date of birth July 24, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles Frederick Chadwick (Sr.)	18. Full maiden name: Luna Nelson
10. Residence (usual place of abode) (If non-resident, give place and State): Dayton, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State): Dayton, Idaho.
11. Color or race: White | 12. Age at last birthday: 25 (years)	20. Color or race: White | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Franklin, Idaho	22. Birthplace (city or place) (State or Country): Franklin, Idaho.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teaching-housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Schools-Dayton
16. Date (month and year) last engaged in this work: Present work 19..	25. Date (month and year) last engaged in this work: Teaching-May 1881
17. Total time (years) spent in this work: All my life.	26. Total time (years) spent in this work: Housekeeping 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing used in their eyes.

28. Number of children of this mother: Three (At time of this birth and including this child) three
(a) Born alive and now living three (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Sep 11, 1940 Mae G. Atwood State Registrar of Vital Statistics
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Cassia SEP 11 1940 } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Luna Chadwick being first duly sworn says that she is the Mother (Relationship of child)* of Charles Fredrick Chadwick born July 24 1886 (Date of birth) at Franklin, Idaho, whose certificate of birth is hereto attached, and that ____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Fredrick Chadwick ____ hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Sarah Chadwick, ~~XXX~~ Midwife, was the medical attendant at the birth of said Charles Fredrick Chadwick and that the said medical attendant is is now deceased (Now deceased (or) cannot be located)

Name of Affiant Luna Chadwick

P. O. Address Burley, Idaho. R.F.D

Subscribed and sworn to before me this 7th day of Sept. 19 40

S B Bedford
Notary Public.

Residing at Rupert, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A366715 036-465

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Oneida

City of Franklin

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED SEP 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298233

Registration District No. 541 State File No. 298233

Prim. Registration District No. 214 Local Registrar's No. 36

2. FULL NAME OF CHILD Robert Doney Lowe

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Nov 15, 1886 (Month, Day, Year)

FATHER

9. Full name Robert G. Lowe

10. Residence (usual place of abode) (If non-resident, give place and State) Franklin Ida

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Penn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in A Store

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Jane Doney

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Neb.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Sept 11, 1940 G. W. Stater

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 16 1940

State of Idaho
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

~~LAURA LOWE DUNKLEY~~ Laura Doney Lowe being first duly sworn says that she is the sister of Robert Doney Lowe
(Relationship of child)*
born November 15, 1886 at Franklin, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Doney Lowe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.** in the family Records

Affiant further states that the Midwife is now dead M. D. was the Midwife medical attendant at the birth of said Robert Doney Lowe and that the said medical attendant is was Ellen Morgan (Now deceased (or) ~~cannot be located~~)

Name of Affiant Robert Doney Lowe Laura Lowe Dunkley

P. O. Address Whitney Idaho

Subscribed and sworn to before me this 17 day of Sept, 1940

Arthur W. Carter
Notary Public.

Residing at Preston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A251-203045 357

298405

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 11 1940

Registration District No. 410 State File No.

Prim. Registration District No. Local Registrar's No. 101

1. PLACE OF BIRTH
County of Alturas
City of Bellevue
No. Idaho Territory St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Charlotte Kean Beamer

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth 10 3 1886, 193 (Month, Day, Year)

FATHER

9. Full name Albert Edward Beamer

10. Residence (usual place of abode) (If non-resident, give place and State) Bellevue, Idaho

11. Color or race white | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Princeton, Ontario, Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Agent

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work present, 19

17. Total time (years) spent in this work 9

MOTHER

18. Full maiden name Elizabeth Eleanor Beamer

19. Residence (usual place of abode) (If non-resident, give place and State) Bellevue, Idaho

20. Color or race white | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Orillia, Ontario, Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work present, 19

26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) Albert Edward Beamer, M. D.
or X Albert Edward Beamer, Father
Address 1225 SW-11th ave Portland - Ore.
Filed 8-29, 1940 Robert H. Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Certified copy issued 1-8-1941. D.P.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Oregon
County of ~~Blaine~~ Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

A. E. Beamer being first duly sworn says that he is the Father (Relationship of child)* of Charlotte Kean Beamer born 10-3-1886 (Date of birth) at Bellevue, Idaho., Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charlotte Kean Beamer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is deceased (Not deceased (or) cannot be located)

Name of Affiant A. E. Beamer
P. O. Address 1225 SW-11th ave Portland Ore

Subscribed and sworn to before me this 6th day of September, 1940

J. Kahlure
Notary Public.
Residing at Portland Oregon, Oregon, Idaho.

My Commission expires May 17-1944

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

155-113-004-155

299624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Ovid
(c) Street Address or R F D No. X
(d) Name of Hospital or Maternity Home: At my Home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home Yes days. In **THIS** county 11 years X months X days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Ovid, Ida.

4. **FULL NAME OF CHILD** Peter Christian Jensen.
5. Date of Birth (Month, day, year) Oct. 13th, 1886
6. Sex. male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy X
9. Legitimate? Yes

FATHER OF CHILD I was named for him

10. **FULL NAME** Peter Christian Jensen.
11. Color or Race White
12. Age at time of THIS birth 45 Yrs.
13. Birthplace Copenhagen, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD Same as Husbands

16. **FULL MAIDEN NAME** Ida Marie Jensen
17. Color or Race White
18. Age at time of THIS birth 53-Yrs years
19. Birthplace Tulland (City or town) Denmark (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 3rd. (b) Born alive and now living
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by Not Known (First name) (Last name), who is related to this child as X (Mother, etc.)

Mae G. Atwood

26. (a) September 27, 1940 (Date received) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** deceased-deceased M.D. or (D.O., Midwife, etc.)
and address X Date

State of
County of Alfred Hogensen, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I ~~Peter Christian Jensen~~, being first duly sworn, say that I am acquaited (Related to (or) acquainted with) Peter Christian Jensen, (Name of person on certificate above) as known for the last Twenty Yrs, (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that deceased Midwife in Attendance (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alfred H. Jensen Name
1316 Washington St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of September, 1940

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299745

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Custer
City of Antelope
No. None St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Heath Burnett

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Aug. 26, 1886 (Month, Day, Year)

FATHER

9. Full name Daniel McArthur Burnett

10. Residence (usual place of abode) (If non-resident, give place and State) Antelope

11. Color or race White 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Brooklyn New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own home

16. Date (month and year) last engaged in this work Aug. 26, 1886 19____

17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Hannah Jane Heath

19. Residence (usual place of abode) (If non-resident, give place and State) Antelope

20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Ogden Valley Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Aug. 26, 1886 19____

26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10:00 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Hannah Jane Burnett Mother, ~~Midwife~~

Address _____

Give name added from a supplemental report _____

(Date of) _____

Filed 9/27, 1886 Lo May G. Atwood Registrar.

Registrar.

Bureau of Vital Statistics

1886-299538 video dup.

BOTH DELAYED

Dup of 1886-299538

249 - 12 a - 019 - 857

STATE OF IDAHO

C.A. Bottolfsen [redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hannah Jane Burnett being first duly sworn says that she is the mother of John Heath Burnett
(Relationship of child)*

born Aug. 26, 1886 at Antelope, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Heath Burnett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Joan Beaverhand ~~M. D.~~ Midwife was the medical attendant at the birth of said John Heath Burnett ~~now~~ deceased and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Hannah Jane Burnett

P. O. Address 18723 Erwin St. Reseda California

Subscribed and sworn to before me this 20th day of February, 1939

Donald E. [illegible]
Notary Public.

My Commission Expires

Residing at, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

464-26-001-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300029
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Middleton
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 2 years ....months ....days.

RECEIVED OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Middleton, Idaho
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MERTON MOUDY
5. Date of Birth (Month, day, year) 6/26/86
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Orsey Moudy
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Quincy Ill (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eldora Cole
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Eldora Moudy (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 10-14-40 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eldora Moudy, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Merton Moudy (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Arnold (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eldora Moudy ....Name
29 Esperanza Ave Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 7th day of October 1940
My commission expires Nov. 3, 1941 Notary Public, residing at Long Beach
Lena M. Wright

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-27009-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300074
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bonner (b) City Sand Point
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county ....years ....months ....days.

RECEIVED OCT 16 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Sand Point Bonner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Sand Point
3. RESIDENCE OF FATHER (city, state) the same

4. FULL NAME OF CHILD Ethel Smith
5. Date of Birth (Month, day, year) July 17 1886
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Colon Spence Smith
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Springfield (City or town) - Ill (State or foreign country)
14. Exact Occupation Worked in mines
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Klein
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Kirksville (City or town) - Missouri (State or foreign country)
20. Exact Occupation house - maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child .... (b) Born alive and now living .... (c) Born alive and now dead .... (d) Stillborn ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) 10/16/40 (Date received) (b) Mae G Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ....by ....(Registrar's signature)

28. Attendant's OWN signature ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara V Black, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ethel Smith (Name of person on certificate above) as 1st cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the same (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mrs Clara V. Black ....Name
214 W. 8 Ave Spokane Wn ....P. O. Address

Subscribed and sworn to before me on this 14th day of October ....
(SEAL) ....Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

One copy 10/28/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-102-030-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300144
Local Reg. No.
Reg. Dist. No. 2116

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Junction
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 5 years ....months ....days.

RECEIVED
OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Junction, Idaho
3. **RESIDENCE OF FATHER** (city, state) Junction, Ida

4. **FULL NAME OF CHILD** Ross Solon Tobias
5. Date of Birth (Month, day, year) March 2, 1886
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Solon Socrates Tobias
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grand Isle (City or town) Vermont (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Jane Gorton
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace West Lodi (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Gorton Tobias (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Deceased MD. ~~XX~~ (~~XXXXXXXXXX~~)
and address
Date 10/11/40

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ADA GORTON TOBIAS, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ross Solon Tobias (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Kaufman (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada Gorton Tobias ....Name
Lemhi, Idaho ....P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1940
(SEAL) Marianne C. McBride Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 212 035 455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

301283

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301283
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF BIRTH:**
(a) County: Nez Perce (b) City: Lewiston
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Nez Perce
(c) City: Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address: Lewiston, Idaho

3. **RESIDENCE OF FATHER** (city, state): " "

OCT 26 1940

4. **FULL NAME OF CHILD:** Susie Ellen Manning

5. Date of Birth (Month, day, year): 1-12-1886

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** James Alfred Manning
11. Color or Race: White
12. Age at time of THIS birth: 26 yrs.
13. Birthplace: Old Town (City or town) Maine (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Minnie Mendenhall
17. Color or Race: White
18. Age at time of THIS birth: 20 years
19. Birthplace: Stockton, (City or town) Calif. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead: none Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) Oct 21, 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of: California
County of: San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Lawrence, being first duly sworn, say that I am related (Related to (or) acquainted with) Susie Ellen Manning (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Morris (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Lawrence Name

4330½ ~~3000~~ 19th St. San Francisco, Calif P. O. Address

Subscribed and sworn to before me on this 16 day of October, 1940

(SEAL) [illegible] Notary Public, residing at San Francisco.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued October 31, 1940. E.W.

39/17010-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301418
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City La Belle
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: OCT 31 1940
Born at home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City La Belle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address LaBelle, Idaho

3. **RESIDENCE OF FATHER** (city, state) LaBelle, Id.

4. **FULL NAME OF CHILD** Hamilton Cary

5. Date of Birth (Month, day, year) May 17, 1886

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Hamilton Cary
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Rockford, (City or town) Illinois (State or foreign country)
14. Exact Occupation Trapper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Ann Christian
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Provo, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Oct. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Katie Kirkaid, being first duly sworn, say that I am related to Hamilton Cary (Name of person on certificate above) as Sister (State relationship or acquaintance) (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that James Hamilton Cary (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Katie Kirkaid Name
Nespelem Washington P. O. Address

Subscribed and sworn to before me on this 29th day of October, 1940

(SEAL) Monica L. Gray Notary Public, residing at Nespelem

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A236-115 016-219

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301588

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stokes, Orlando West.

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth March 15 1886 (Month, Day, Year)

FATHER

9. Full name Stokes, William Silver

10. Residence (usual place of abode) (If non-resident, give place and State) Albion

11. Color or race White 12. Age at last birthday 42 (years)

13. Birthplace (city or place) Sandy Creek (State or Country) Oswego Co. New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming + Sheriff

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. of Cassia Co

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 5 yr

MOTHER

18. Full maiden name Barton Esther Jane

19. Residence (usual place of abode) (If non-resident, give place and State) Albion

20. Color or race ..... 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Parowan (State or Country) Iron Co. Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address Mae G. Atwood

Give name added from a supplemental report .....
(Date of)

Filed Nov. 9 1940 193.. Mae G. Atwood
Registrar.

Bureau of Vital Statistics
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

NOV 5

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Esther Jane Stokes being first duly sworn says that She is the Mother of Orlando West Stokes
(Relationship of child)*

born March 15th 1885 at Albion, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Esther Jane Stokes desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Orlando West Stokes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr George Sutton M. D. ~~was the Midwife~~ medical attendant at the birth of said Orlando West Stokes and that the said medical attendant is (now deceased)
(Now deceased (or) cannot be located)

Name of Affiant Esther Jane Stokes.
P. O. Address 6521 Gundry Ave. Long Beach, Calif

Subscribed and sworn to before me this 26th day of September, 1940

Clark Bush
Notary Public.
Residing at Long Beach, Calif, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Nov. 15, 1940 L. B.

815-122-040-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301620
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Weiser
3. **RESIDENCE OF FATHER** (city, state) Weiser

4. **FULL NAME OF CHILD** Eugene Hannah
5. Date of Birth (Month, day, year) Mar. 22, 1886
6. Sex. male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Van Dyke Hannah
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Hunter
17. Color or Race white
18. Age at time of THIS birth 41 years
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother) Mae G. Atwood

26. (a) Nov. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....(Registrar's signature) Bureau of Vital Statistics

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. N. Hannah, being first duly sworn, say that I am related (Related to (or) acquainted with) Eugene Hannah (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a neighbor (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

L. N. Hannah ....Name
Caldwell Ida Rt #1 ....P. O. Address

Subscribed and sworn to before me on this 18 day of Oct - 1940

(SEAL) H. C. Sleeper ....Notary Public, residing at Grotus Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Nov. 14, 1940. E.W.

301653

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 301653

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 12th & Washington St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edna May Hall ~~Spinner~~

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth Sept. 16, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name Isaac Newton Hall	18. Full maiden name Nellie Powell.
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) 96
11. Color or race W	12. Age at last birthday 38 (years)
20. Color or race White	21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Belfast Maine.	22. Birthplace (city or place) (State or Country) Oregon.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Sept. 15 1886, 19 30	17. Total time (years) spent in this work 3 yrs.
25. Date (month and year) last engaged in this work Sept. 15 1886, 19 30	26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Nellie Hall, Mother., M. D.

or ..... Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed June, 1930 Mae G. Atwood
Bureau of Vital Statistics Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

813-216-001-766

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Canada
County of Peace } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie Hall being first duly sworn says that she is the mother (Relationship of child)* of Edna May Grimes Hall born Sept 16 1886 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that Edna May Grimes desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edna May Grimes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Dee Boise, M. D., was the Midwife medical attendant at the birth of said Edna May Grimes and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Nellie Hall
P. O. Address Jerome Wash

Subscribed and sworn to before me this 29 day of June, 1940

S. B. Sugrue
Notary Public.
Residing at Jerome, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

ce 11-19-40 - mp

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Separate Return must be made for each, and the number of each, in order of birth stated. ... case of more than one child at birth a

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

301699

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Blaine (Altivas)
City of Ketchum
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 410 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 116

2. FULL NAME OF CHILD Edna Ellen Thompson

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth March 27, ~~193~~ 1886 (Month, Day, Year)

FATHER

9. Full name Fredrick Edward Thompson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Missouri Cathrine Harris Thompson

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead ~~2~~ 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

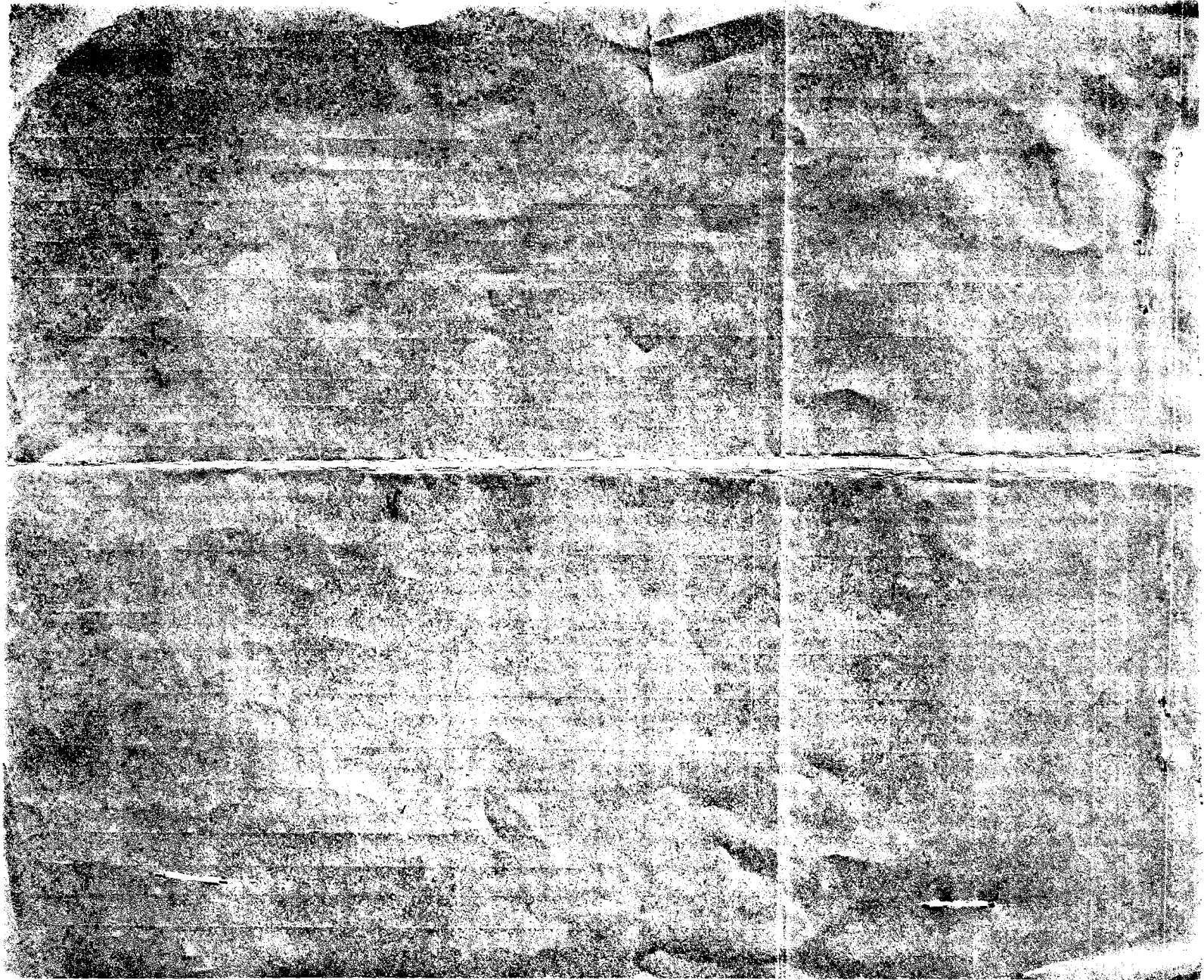
(Signed) Nancy A. Cook, ~~M.D.~~

~~or~~ Aunt, ~~Midwife~~

Address Jerome, Idaho

Filed 10-30, 1940 Robert H. Wright Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.



386-227-095-819

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Elmore } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nancy A. Coats being first duly sworn says that she is the Aunt (Relationship of child)* of Edna Ellen Thompson born March 27, 1886 (Date of birth) at Ketchum, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edna Ellen Thompson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that The Midwife and parents ~~M. D. was the Midwife~~ medical attendant at the birth of said Edna Ellen Thompson and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Nancy A. Coats Aunt

P. O. Address Jerome, Idaho

Subscribed and sworn to before me this 23rd. day of April, 19 40

Probate Judge, Elmore County ~~Notary~~ Public.
Idaho

Residing at Mountain Home, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 16 1943

381-217-007-294

302890

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302890
Local Reg. No. 142
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

DEC 7 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Emma Anna Veronica Thamm
5. Date of Birth (Month, day, year) 12-17-1886
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Johann Joseph Thamm
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Albertina Brunkie
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 2: P.M. on the date and at the place stated above, and that personal particulars were furnished by Ida F. Bannister (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) 12-5-1940 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida F. Bannister, being first duly sworn, say that I am ~~(sister)~~ related to (Related to (or) acquainted with) Emma Anna Veronica Thamm (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pearson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida F. Bannister Name

Hailey, Blaine County, Idaho. P. O. Address

Subscribed and sworn to before me on this 5th day of December, 1940.

(SEAL) B. P. Thamm ~~Notary Public~~, residing at Hailey, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 11, 1940.

381 120-030-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303080

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County.....Lemhi..... (b) City.....Salmon.....
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
.....at Home.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County.....Lemhi.....
(c) City.....Salmon.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....4.....yrs.
(f) Mother's mailing address.....Salmon, Idaho.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**.....Fred Hal Chase.....

5. Date of Birth (Month, day, year).....September 20, 1886

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**.....Hal H. Chase.....
11. Color or Race.....White.....
12. Age at time of THIS birth...29.....yrs.
13. Birthplace.....Michigan.....
(City or town) (State or foreign country)
14. Exact Occupation.....Teamster.....
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Elizabeth Catherine Lawler.....
17. Color or Race.....White.....
18. Age at time of THIS birth.....25.....years
19. Birthplace.....Leavenworth Kansas.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....?.....
23. Number of children of this mother: (a) At time of birth and including this child..2..... (b) Born alive and now living..2.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..Born alive.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name)....., who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b)..Mae G. Atwood.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)
Bureau of Vital Statistics

State of.....California.....
County of.....Los Angeles.....} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,.....Hal H Chase....., being first duly sworn, say that I am...related to
(Related to (or) acquainted with)
.....Fred H Chase.....as.....Father.....(State relationship or acquainted)....., whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth)....., who attended said birth.....(Is now deceased (or) cannot be located)....and that this birth **has not been previously recorded.**

X Hal H Chase.....Name

Salmon Idaho.....P. O. Address

Subscribed and sworn to before me on this...27th.....day of.....Dec. 1940

(SEAL) H. J. McElhany.....Notary Public, residing at Los Angeles Cal

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-211 201-211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304275
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Dry Creek
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 13 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Dry Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Boise, Idaho

3. **RESIDENCE OF FATHER** (city) Dry Creek, Idaho

4. **FULL NAME OF CHILD** Lida Augusta Bast

5. Date of Birth (Month, day, year) Aug. 11, 1886

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob H. Bast
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sheboygan, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Augusta Baatz
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother)

Mae G. Atwood

26. (a) Dec. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Caroline Boulanger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lida Augusta Bast (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara Caroline Boulanger ....Name
Bellingham, Wash. ....P. O. Address

Subscribed and sworn to before me on this 16th day of December, 1940

(SEAL) ....Notary Public, residing at Snohomish.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 30, 1940. E.W.

962 124 001 464

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304397
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Warm Spring Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Warm Spring Ave.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Archibald Carlyle Ross
5. Date of Birth (Month, day, year) Oct. 24-1886
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Clothier Ross
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Rosella Dodge
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace The Dalles (City or town) Oregon (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

RECEIVED

26. (a) JAN 14 1941 (Date received) (b) Clyde A Bridge (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Johns, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Archibald Carlyle Ross (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Towles (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha J. Johns — Signature
Boise, Idaho. — P. O. Address

Subscribed and sworn to before me on this 14th day of January, 1941.
(SEAL) C. E. Rupner — Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/14/41/ EA

863 204 001 313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 28 1940

State File No. 304414
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Star
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dora Belle Holeman
5. Date of Birth (Month, day, year) June 4, 1886
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Holeman
11. Color or Race white
12. Age at time of THIS birth 57 yrs.
13. Birthplace Xenia (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mariah Ellen Tate
17. Color or Race white
18. Age at time of THIS birth 42 years
19. Birthplace Xenia (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Dec. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature) Bureau of Vital Statistics

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Holeman Van Doren, being first duly sworn, say that I am related (Related to (or) acquainted with) to DoraBelle Holeman (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

✓ Anna Van Doren Name
2220 Yale Avenue No., Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 18 day of Dec 1940

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 7, 1941. E.W.

867-201-033-667 RECEIVED

304647

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho. (b) County Madison.
(c) City Rexburg.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Clara Mathilda Hopkins. ~~Vera Winkle.~~
5. Date of Birth (Month, day, year) June 1st, 1886
6. Sex Girl.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel. Hopkins.
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda Augusta Fogleberg.
17. Color or Race White,
18. Age at time of THIS birth 32 yrs.
19. Birthplace Stockholm Sweeden. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
(c) Born alive and now dead 4 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Hopkins Henry. (First name) (Last name), who is related to this child as Sister. (Mother, etc.)

26. (a) JAN 13 1941 (Date received) (b) Lydia A. Bridger Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Hopkins Henry, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clara Mathilda Hopkins (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Hopkins Henry Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of December 1940

(SEAL) Ella Nee, Notary Public, residing at Idaho Falls, Idaho

My Commission Expires July 6-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-214-04-485

RECEIVED FEB 18 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306328
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 3 years 5 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Ida.

4. FULL NAME OF CHILD Lottie Edna Glass

5. Date of Birth (Month, day, year) March 14, 1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John A. Glass
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ellsworth, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evaline Myers
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Lickingville, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 2/18/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Knox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lottie Edna Glass (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hattie Oakes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie Knox Signature
Emmett Ida P.O. Address

Subscribed and sworn to before me on this 17TH day of FEBRUARY, 19 41

(SEAL) Margaret Smoke Notary Public, residing at EMMETT, IDAHO
MY COMMISSION EXPIRES OCT. 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/18/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 131 029 844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307666
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Genesee
(c) ~~Street Address~~ or R F.D No. one
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Genesee Idaho

3. **RESIDENCE OF FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** John William Kinnier

5. Date of Birth (Month, day, year) Dec. 31 1886

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Patrick Kinnier
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Longford (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Humphrey
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Muscatine (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That Mrs J. Keane attended the birth of this child, who was Born Alive (born alive, stillborn) at Genesee M. on the date and at the place stated above, and that personal particulars were furnished by Mary Kinnier (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Feb. 21 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Kinnier, being first duly sworn, say that I am Related To (Related to (or) acquainted with) John William Kinnier (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs J. Keane (Name of attendant at birth), who attended said birth is now deceased (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

Mrs Mary Kinnier Name
Macon Ida Eggan Apts P. O. Address

Subscribed and sworn to before me on this 19 day of Feb 1941

(SEAL) J A Stanford Notary Public, residing at Spokane Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-707 025 819

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307684
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address of R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Harpster

3. RESIDENCE of FATHER (city, state): Harpster Ida

4. FULL NAME OF CHILD Carl Morton Cummings

5. Date of Birth (Month, day, year) Jan. 7-1886

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert H. Cummings
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business (Now deceased)

MOTHER OF CHILD

16. FULL MAIDEN NAME Ingrone Harper
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Brooklyn (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business (Now deceased)

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as x (Mother, etc.)

26. (a) (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature x M.D. (D.O., Midwife, etc.)
and address x Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. S. Cummings, being first duly sworn, say that I am Related (Related to (or) acquainted with) Carl Morton Cummings (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. S. Cummings Signature

Grangeville, Idaho. P. O. Address

Subscribed and sworn to before me on this 17 day of February, 1941

(SEAL) H. Rothwell Notary Public, residing at Grangeville, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/27/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231 716 019-000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 13 1941

State File No. 307698

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Custer (b) City Battleground
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Battleground

4. FULL NAME OF CHILD Clarence H Slater

5. Date of Birth (Month, day, year) Sept 16, 1886

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henry Slater
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME
17. Color or Race
18. Age at time of THIS birth ..... yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 13 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or ~~CANNOT BE LOCATED.~~

I, T. L. Pence, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Clarence H Slater (Name of person on certificate above) as an acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

T. L. Pence Signature

Mackay Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of Feb, 1941

(SEAL) A. Bledsoe Notary Public, residing at Mackay Idaho

MY COMM. EXPIRES JULY 5, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/26/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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S18-102-035-133

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308222

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County...Nez Perce... (b) City.....Moscow.....
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
Farm Home, 3 miles north of Moscow
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County.Nez Perce.....
(c) City.....Moscow.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....15.....yrs.
(f) Mother's mailing address.Moscow, Idaho.....
3. **RESIDENCE OF FATHER** (city, s Moscow, Idaho..

4. **FULL NAME OF CHILD**.....John Ralph Naylor.....
5. Date of Birth (Month, day, year).10/2/1886.....
6. Sex. male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Loyd Naylor.....
11. Color or Race .....white.....
12. Age at time of THIS birth.....35....yrs.
13. Birthplace....Washington County, Penna.....
(City or town) (State or foreign country)
14. Exact Occupation.....farmer.....
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**..Rebecca Evaline Allen.....
17. Color or Race.....white.....
18. Age at time of THIS birth.....22.....years
19. Birthplace...Benton County, Oregon.....
(City or town) (State or foreign country)
20. Exact Occupation.....farmers wife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..3..... (b) Born alive and now living.....3.
(c) Born alive and now dead...1..... (d) Stillborn.none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn).....at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name)....., who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....New Mexico.....
County of.....Eddy.....} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,.....Owen Allen....., being first duly sworn, say that I am.....related to.....(Related to (or) acquainted with)
John Ralph Naylor.....(Name of person on certificate above) as.....Uncle.....(State relationship or acquaintance)....., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth)....., who attended said birth.....(Is now deceased (or) cannot be located).....and that this birth **has not been previously recorded.**

.....Owen Allen.....Name
Artesia, N. Mex.....P. O. Address

Subscribed and sworn to before me on this.....5.....day of.....March - 1941

(SEAL) .....George Nipper.....Notary Public, residing at...Artesia, N. Mex
My Com. expires Oct. 3-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/15/41 Z.

799-230-029-795

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308223
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Avon Idaho

3. **RESIDENCE of FATHER** (city, state). Avon Idaho

4. **FULL NAME OF CHILD** Kate May Price

5. Date of Birth (Month, day, year) Nov. 30-1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred-Emmet-Price
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Healsburg (City or town) Calif. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Greenwood
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Chanlerville (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridger Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dollie V. Greenwood, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Kate May Price (Name of person on certificate above) as aunt by marriage (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rebecca Greenwood (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dollie V. Greenwood Signature
1104-W 25th, Chico, Calif. P. O. Address

Subscribed and sworn to before me on this 6th day of March, 1941
(SEAL) Jessie L. Dean Notary Public, residing at Chico, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/15/41 Z.J.

249-214-001-389

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308314
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: on ranch
(d) Name of Hospital or Maternity Home: in Ada County
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: — days.
In **THIS** county: — years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Ada
(c) City: in County
(d) ~~Street Address or R.F.D. No.~~
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address:

3. **RESIDENCE OF FATHER** (city, state): County of Ada Idaho

4. **FULL NAME OF CHILD:** Anna Mary Burns

5. Date of Birth (Month, day, year): March 14, 1886

6. Sex: female

7. Twin or Triplet: no — If so—born 1st, 2nd, 3rd: no

8. No. months of Pregnancy

9. Legitimate: yes

FATHER OF CHILD

10. **FULL NAME:** Milton Burns
11. Color or Race: White
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: McDonald Cnty (City or town) Missouri (State or foreign country)
14. Exact Occupation: rancher
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Anna Mary Child
17. Color or Race: White
18. Age at time of THIS birth: 37 years
19. Birthplace: (City or town) Indiana (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 5 (c) Born alive and now dead: 3 (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie S. Harmon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Mary Burns (Name of person on certificate above) as her older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth), ~~who~~ attended said birth mother died in childbirth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie S. Harmon — Name
4086 Second Av. Sacramento — P. O. Address
California

Subscribed and sworn to before me on this 12 day of March 1941

(SEAL) W. A. Brandenburgh — Notary Public, residing at 2123 - 22nd St. Sacramento Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-119-004625

308317

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Montpelier, Idaho
3. RESIDENCE of FATHER (city, state) Montpelier, ~~Idaho~~

4. FULL NAME OF CHILD William Joseph Buckley
5. Date of Birth (Month, day, year) March 19, 1886
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Benjamin Buckley
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Dubuque, Iowa (City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia O'Keefe
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace New York City, N. Y. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ~~Date~~

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delia O'Keefe Buckley Black, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Joseph Buckley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name forgotten) (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Delia O'Keefe Buckley Black Signature
249 West 4th South Salt Lake City Address

Subscribed and sworn to before me on this 17th day of March, 1941

(SEAL) [signature] Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-119-00/255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309338
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 713 No 13th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 713 No 13th St
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Boise Ida

4. FULL NAME OF CHILD Philip Homer Pence
5. Date of Birth (Month, day, year) Nov 19 - 1936
6. Sex M
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy Full term
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph L. Pence
11. Color or Race W
12. Age at time of THIS birth 44 yrs.
13. Birthplace Burlington Iowa (City or town) (State or foreign country)
14. Exact Occupation Stock man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan M. Keen
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace — Texas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Pence Maxwell (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) March 25, 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature not living M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Pence Maxwell, being first duly sworn, say that I am an older sister of said (Related to (or) acquainted with) Philip Homer Pence (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Dr Stevens (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth Pence Maxwell Signature
Rt 1 Eagle Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1941

(SEAL) W. H. Downing Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519 130006 619

311168

United States
Department of Commerce
Bureau of Census

APR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Gus Redding Vail
5. Date of Birth (Month, day, year) May 30, 1886
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dolson Demerest Vail
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber Shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ruth Ward
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) April 22-1941 (Date received) (b) Maud F. Eckler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. P. Sawyer, being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) Gus Redding Vail (Name of person on certificate above) as Acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F. P. Sawyer Signature
1710 Colby Ave. Everett Wash. P. O. Address

Subscribed and sworn to before me on this 18 day of April, 1941

(SEAL) W. N. Fowler Notary Public, residing at Arlington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/28/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH PEN AND INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO 311424
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

311424

MAY 5 1941

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Kootenai
City of Ladside Ida
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Grover Cleveland Markham

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth Sept 23, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name Francis M. Markham	18. Full maiden name Elmira Bigers
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) _____
11. Color or race White | 12. Age at last birthday 66 (years)	20. Color or race White | 21. Age at last birthday 73 (years)
13. Birthplace (city or place) (State or Country) Illinois	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work 1920	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work 20	26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother Nine (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 5 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Living or Stillborn) at _____ m. on the date above stated.

No physician attending

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Melvin C. Markham brother, M.D.

or _____, M.D.

Address Route 1, Priest River, Idaho

Give name added from a supplemental report _____

May 5 - 1941
(Date of)
Mabel E. Fuller
Registrar.

Filed MAY 5 1941, 193__

Registrar.

c.c. 5/5/41. w.h.

419123 028-297

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Melvin C Markham being first duly sworn says that He is the Brother (Relationship of child)* of Grover Cleveland Markham born Sept 23 - 1886 (Date of birth) at Laclede, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Grover C Markham hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Mary Long, ~~M. D.~~ Midwife was the medical attendant at the birth of said Grover Cleveland Markham and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Melvin C. Markham
P. O. Address Rte 1 Priest River, Ida

Subscribed and sworn to before me this 2nd day of May, 1941

Arthur R Bowden
Notary Public.
Residing at Sandpoint, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

915-21-7029-313

United States
Department of Commerce
Bureau of Census

MAY 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311523
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City near Garfield Wash
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ✓ days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Garfield Wash
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs yrs.
(f) Mother's mailing address dead

3. **RESIDENCE of FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Anna Estella Randolph
5. Date of Birth (Month, day, year) May 17, 1886
6. Sex female
7. Twin or Triplet ✓
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Severe Randolph
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Bloomington, Ill. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Tate ~~Pace~~
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Bloomington Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7 (c) Born alive and now dead 4 (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 5 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Florida
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Lily Berry, being first duly sworn, say that I am Related (Related to (or) acquainted with) (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs S. A. Howe (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Lily Berry Signature
Clermont Fla. P. O. Address

Subscribed and sworn to before me on this 30th day of April 1941.
(SEAL) Azzie Mae Jackson Notary Public, residing at Orlando, Florida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-229-0 01869

311747

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: In private residence
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. unknown
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Gen Del

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Ona Franklin

5. Date of Birth (Month, day, year) Sept 29 1886

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd 3rd.

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hayette Smith Franklin
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Missouri (City or town) Town unknown (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary York Franklin
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace No Carolina (City or town) Town unknown (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 6 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Martha Fenley M.D. (D.O., Midwife, etc.)
and address 1202 N 10th Date May 16.

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-202 007 393 RECEIVED

United States
Department of Commerce
Bureau of Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311801
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blain (b) City Hailey.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county one years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blain.
(c) City Hailey.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Hailey Idaho.

3. RESIDENCE of FATHER (city, state) Hailey, Idaho.

4. FULL NAME OF CHILD Pearl Margaret Shepard.
5. Date of Birth (Month, day, year) 12-2-1886.
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Wilbur Fisk Shepard.	16. FULL MAIDEN NAME Johana Little
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 59. yrs.	18. Age at time of THIS birth 38. yrs.
13. Birthplace Arlington (City or town) Vermont. (State or foreign country)	19. Birthplace Richmond (City or town) Virginia. (State or foreign country)
14. Exact Occupation Bartender.	20. Exact Occupation Housewife.
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 15 194 (Date received) (b) Mabel F. Felker (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ARTHUR A. JACKSON, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Pearl Margaret Shepard (Name of person on certificate above) as went to School together (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Arthur A. Jackson Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of May, 1941

(SEAL) R. N. McCoy Notary Public, residing at Hailey, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-212-019-515 RECEIVED

United States
Department of Commerce
Bureau of Census

MAY 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311918
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Bayhorse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Bayhorse
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Bayhorse, Idaho

3. RESIDENCE of FATHER (city, state) Bayhorse, Idaho

4. FULL NAME OF CHILD Ruth Gertrude Baker.

5. Date of Birth (Month, day, year) Sept-12-1886

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Freemont Baker	16. FULL MAIDEN NAME Agnes May Vance
11. Color or Race White 12. Age at time of THIS birth 26 yrs.	17 Color or Race White 18. Age at time of THIS birth 19 yrs.
13. Birthplace Brewer (City or town) Maine (State or foreign country)	19. Birthplace Paris (City or town) Illinois (State or foreign country)
14. Exact Occupation Storekeeper.	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 17 1941 (Date received) (b) Mabel N. Geldner (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address . Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Gertrude Baker (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Addie Vance, Signature
..... P. O. Address

Subscribed and sworn to before me on this 13 day of May, 1941

(SEAL) James S Bogart Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/27/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-220025-493

311920

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Grangeville,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Grangeville, Idaho

3. RESIDENCE of FATHER (city, state) Grangeville, Idaho (Now deceased)

4. FULL NAME OF CHILD NORA OPAL DAVIS

5. Date of Birth (Month, day, year) August 20, 1886

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME TIMOTHY J. DAVIS
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Centerville, (City or town) Ohio (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cassandria May Dickson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Woodlawn, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 17 1941 (Date received) (b) Mabel V. Geeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of ORANGE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CASSANDRIA M. DAVIS, being first duly sworn, say that I am related to (Related to (or) acquainted with) NORA OPAL DAVIS (Name of person on certificate above) as her Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lytal (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cassandria M. Davis Signature
533 Pythias St., Anaheim, California P. O. Address

Subscribed and sworn to before me on this 16th day of May, 1941

(SEAL) Mary L. Larson Notary Public, residing at Santa Ana, Calif.

My Commission Expires March 18, 1945

NOTARY PUBLIC
IN AND FOR THE COUNTY OF ORANGE, STATE OF CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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C.C. 5/21/44. W.D.

346-107-007-165

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 312982
Local Reg. No. 56
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida

4. **FULL NAME OF CHILD** Edward Henry Lufkin

5. Date of Birth (Month, day, year) 5-7-1886

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Lufkin
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Monktown (City or town) Vermont (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Jones
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Myrthatidville (City or town) Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Lovenia C. Condron (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) 5-21-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lovenia C. Condron, being first duly sworn, say that I am Sister (Related to (or) acquainted with) related to Edward Henry Lufkin, as Sister (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. J. Brown (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lovenia C. Condron ....Name
Hailey Idaho ....P. O. Address

Subscribed and sworn to before me on this 22 day of May, 1941

(SEAL) D. W. Walsh Notary Public, residing at Hailey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/29/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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453 107-028-942

United States
Department of Commerce
Bureau of the Census

JUN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Kootenai (b) City Spirit Valley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Archie Dean Melder

5. Date of Birth (Month, day, year) April 7th 1886

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar F. Melder
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Freeborn (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selara Leonelia Rucho
17. Color or Race white
18. Age at time of THIS birth 19 years
19. Birthplace Wells (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child. yes (b) Born alive and now living. yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Oscar F Melder (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JUN 6 1941 (Date received) (b) Mabel F Geeler (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Oscar F Melder, being first duly sworn, say that I am related (Related to (or) acquainted with) Archie Dean Melder (Name of person on certificate above) as father (State relationship, or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Oscar F Melder .....Name
Priest River Idaho .....P. O. Address

Subscribed and sworn to before me on this 4 day of June

(SEAL) Mabel F Geeler Notary Public, residing at Priest River Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 108-026 193

RECEIVED

United States
Department of Commerce
Bureau of the Census

JUN 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313366
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Lewisville
(c) Street Address or R F D No. rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Henry A. Stokes

5. Date of Birth (Month, day, year) February 8, 1886

6. Sex. male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Stokes
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marguerette Archibald
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on.....by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Taylor, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Henry A. Stokes (Name of person on certificate above) as family friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandma Fox (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert Taylor Name

Long Beach, California P. O. Address

Subscribed and sworn to before me on this 5th day of June, 1941

(SEAL) Edward J. Bryan Notary Public, residing at Long Beach, Calif.

My Commission Expires July 25, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 14 1941

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 313534

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Sunnydell (rural)
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Irving Hillman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Nov. 13, 1886 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Hillman	18. Full maiden name: Ellice Hawley
10. Residence (usual place of abode) (If non-resident, give place and State): Sunnydell, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Sunnydell, Idaho
11. Color or race: White; 12. Age at last birthday: Unk. (years)	20. Color or race: White; 21. Age at last birthday: 23 (years)
13. Birthplace (city or place): Fort Hunnman; (State or Country): Utah	22. Birthplace (city or place): Pleasant Grove; (State or Country): Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineef; 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mines; 16. Date (month and year) last engaged in this work ....., 19..... ; 17. Total time (years) spent in this work	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife; 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....; 25. Date (month and year) last engaged in this work ....., 19..... ; 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JUN 14 1941, 193.. Mabel F. Elder Registrar.
Mabel F. Elder

JAN 05 2016 X2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT
one child at birth a Separate Return must

893-113-022816

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellice Hillman being first duly sworn says that she is the mother (Relationship of child)* of John Irving Hillman born November 13, 1886 (Date of birth) at Sunnydell, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Irving Hillman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none, M. D., was the Midwife medical attendant at the birth of said John Irving Hillman and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Ellice Hillman

P. O. Address 2282 Cambridge St., Los Angeles, California

Subscribed and sworn to before me this 11th day of June, 1941

George J. Warren
Ex-Officio Los Angeles Co Notary Public.

Residing at 4804 Oruba ave Los Angeles Calif. Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 7 1952

819 204029 795

United States
Department of Commerce
Bureau of the Census

JUN 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313642
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County LATAH (b) City MOSCOW
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address MOSCOW

3. **RESIDENCE OF FATHER** (city, state) MOSCOW IDA

4. **FULL NAME OF CHILD** MINNIE HARRIS

5. Date of Birth (Month, day, year) Oct 4 - 1886

6. Sex. FEMALE

7. Twin ~~or~~ ~~Triplet~~ ~~If so—born~~ 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 7

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ELI HENRY HARRIS
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace KANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH ANN GREEN
17. Color or Race WHITE
18. Age at time of THIS birth 26 years
19. Birthplace YATES CENTER KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn 4

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 17 1941 (Date received) (b) Maud V. Eaton (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Milton S. Ingram, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Minnie Harris (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mo. Ingram (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Milton S. Ingram Name
Moscow Idaho P.O. Address

Subscribed and sworn to before me on this 12 day of June 41

(SEAL) Lawrence E. Huff Notary Public, residing at Moscow, Idaho

Notary Public in for the State of Idaho
Residing at Moscow, Idaho
My Commission Expires Dec. 19, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-216-040-519

315166

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Murray

3. RESIDENCE of FATHER (city, state) Murray

4. FULL NAME OF CHILD Myrtle May Conklin

5. Date of Birth (Month, day year) May 6. 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME George Nelson Conklin	16. FULL MAIDEN NAME Julia Ann Vail
11. Color or Race white 12. Age at time of THIS birth 47 yrs.	17. Color or Race white 18. Age at time of THIS birth 33 yrs
13. Birthplace Columbus Ohio (City or town) (State or foreign country)	19. Birthplace Bangor Maine (City or town) (State or foreign country)
14. Exact Occupation Mining	20. Exact Occupation House wife
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 24 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Mabel F. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Malion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Helen Lyons, being first duly sworn, say that I am older Sister (Related to (or) acquainted with) Myrtle May Conklin (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Davis (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Helen Lyons Signature
840 Hoyt St Salem Oregon P. O. Address

Subscribed and sworn to before me on this 19 day of June, 1941

(SEAL) Howard Simon Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

666-109-001-693

JUL 7 1941

315220

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm-House
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county — years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 37 yrs.
(f) Mother's mailing address Emmett, Ida
3. RESIDENCE of FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD Daniel Webster Woody
5. Date of Birth (Month, day, year) Feb 9th - 1886
6. Sex Male
7. ~~Twin or Triplet~~ If so—born ~~1st, 2nd,~~ 3rd
8. No. months of Pregnancy 9 Mo.
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Woody	16. FULL MAIDEN NAME Catherine Amanda, Wittel
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 38 yrs.	18. Age at time of THIS birth 38 yrs.
13. Birthplace Dalonega (City or town) Georgia (State or foreign country)	19. Birthplace Sandusky, (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business farming	21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Had. None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs Goodrich, midwife has long since deceased!

26. (a) JUL 7 1941 (Date received) (b) Mabel Teeter (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Woody, being first duly sworn, say that I am the father (Related to (or) acquainted with) of Daniel Webster Woody (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Goodrich, midwife (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ William Woody Signature
Gooding Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of July 1941
(SEAL) Lucian U. Tucker Notary Public, residing at Gooding Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DEC 15 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-120-029-413

RECEIVED JUL 8 1941

315249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No days.
In THIS county 63 years 0 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ida (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. No
(e) How long has MOTHER lived in Idaho? 63 yrs.
(f) Mother's mailing address Dead

3. RESIDENCE of FATHER (city, state): Dead,

4. FULL NAME OF CHILD Elmer Taylor

5. Date of Birth (Month, day, year) 5-20-86

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wesley Taylor

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Dead

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotta Mason

17. Color or Race Wh.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Wisconsin (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business Dead.

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) Maurd H. Eeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ira Taylor, being first duly sworn, say that I am Related (Related to (or) acquainted with) Brother Elmer Taylor (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ira E. Taylor Signature
Rt #2 Lewiston, Ida P. O. Address

Subscribed and sworn to before me on this 11 day of July, 1941

(SEAL) John L. O'Keefe Notary Public, residing at Lewiston, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-226-029-6695

315327

United States
Department of Commerce
Bureau of Census

JUL 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy.
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Troy Idaho

3. RESIDENCE of FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD Laura Dean Chaney.

5. Date of Birth (Month, day year) July 26th 1941

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Floyd Chaney.
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Flora (City or town) Illinoise (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Linnie Bell Winchester
17. Color or Race white
18. Age at time of THIS birth 17 yrs
19. Birthplace Rinard (City or town) Illinoise (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 11 1941 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Linnie Bell Chaney, being first duly sworn, say that I am related to (Related to (or) acquainted with) Laura Dean Chaney (Name of person on certificate above) as Mather (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Blake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Linnie Bell Chaney Signature
Pasco Washington P. O. Address

Subscribed and sworn to before me on this 8 day of July 1941

(SEAL) [signature] Notary Public, residing at Myrtle Creek Douglas.

MY COMMISSION EXPIRES JANUARY 1, 1947

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a eertificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693-828-07
36-165

United States
Department of Commerce
Bureau of the Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315365
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Oneida (b) City: Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Oneida
(c) City: Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address: Malad Idaho

3. **RESIDENCE OF FATHER** (city, state): Malad Idaho

4. **FULL NAME OF CHILD:** Amy Williams

5. Date of Birth (Month, day, year): June 28, 1886

6. Sex: female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** John T Williams
11. Color or Race: white
12. Age at time of THIS birth: 56 yrs.
13. Birthplace: Nanti Glow (City or town) South Wales (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Hepsibah John
17. Color or Race: white
18. Age at time of THIS birth: 39 years
19. Birthplace: Mestagae (City or town) South Wales (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 3 (c) Born alive and now dead: 2 (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 10-1941 (Date received) (b) Mabel T Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of: Idaho
County of: Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John O Williams, being first duly sworn, say that I am related (Related to (or) acquainted with) Amy Williams (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Sherman (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John O. Williams ..... Name

Box 151 Malad City ..... P. O. Address

Subscribed and sworn to before me on this 28th day of June, 1941

(SEAL) Grace Clark ..... Notary Public, residing at Malad, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-118 007 142

#315526

315526

United States
Department of Commerce
Bureau of Census

JUL 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Crichton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Crichton
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leo Cota Brassey

5. Date of Birth (Month, day year) Sept. 18. 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian H. Brassey
11. Color or Race White
12. Age at time of THIS birth 22 yrs
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Senna M. Justice
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Prescott Kan. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 22 1941 (Date received) (b) Marvel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John I Justice, being first duly sworn, say that I am related (Related to (or) acquainted with) Leo Cota Brassey (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ellen Justice (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John I Justice Signature

Rt 3 Box 30 Boise P. O. Address

Subscribed and sworn to before me on this 22nd day of July 1941

(SEAL) Franklin B. Smith Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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569 121 035 128

RECEIVED JUL 8 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315579
Local Reg. No.
Reg. Dist. No.

Nez Perce JUL 8 1941

1. PLACE OF BIRTH (a) County Latah (b) City Moscow, Idaho
(c) Street Address or R.F.D. No. No R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at Home
In Hosp. or Mat. Home ..... days.
In THIS county always years ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Washington (b) County Whitman
(c) City Palouse deceased Wash.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address since married in 1879
3. RESIDENCE OF FATHER (city, state) Palouse, Wash

4. FULL NAME OF CHILD Ernest Rudolph Northrup
5. Date of Birth (Month, day, year) March 21-1886
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Calvin Northrup
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Grand Rapids (City or town) Michigan (State or foreign country)
14. Exact Occupation Mining + Real Estate
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Ashby
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Near McMinnville (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature Doctor Blake deceased M.D. or (D.O., Midwife, etc.)
and address Date

26. (a) JUL 8 1941 (Date received) (b) Maud H. Fuller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George A. Northrup, being first duly sworn, say that I am related (Related to (or) acquainted with) Ernest Rudolph Northrup (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Blake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George A. Northrup ..... Name
Moscow Idaho ..... P. O. Address

Subscribed and sworn to before me on this 16th day of July, 1941.

(SEAL) H. Melgard ..... Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-124-040-252

RECEIVED

JUL 29 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316892
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D.No. ✓
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Kingston

3. RESIDENCE of FATHER (city, state) Kingston

4. FULL NAME OF CHILD Guy Edward Holohan

5. Date of Birth (Month, day year) 3-24-1886

6. Sex Male

7. Twin or Trip'et No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Peter Joseph Holohan
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Packer (Supplies)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Sebastian
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Sherwood - Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3
(c) Born alive and now dead No (d) Stillborn No.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 AM. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as Aunt (Mother, etc.)

RECEIVED

26. (a) 1 JUL 29 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Catherine E. Bloom (D.O., Midwife, etc.)
and address 576 - 7th St Date

K Record typewriter ribbon in completing this certificate. Mail COMPLETED certifi-
LASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge
quires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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569-107-029-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 30 1941

317064

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Latah (b) City: Moscow
(c) Street Address or R F.D No.: Farm
(d) Name of Hospital or Maternity Home: Born at Home on farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Washington (b) County: Stevens
(c) City: Colville,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address: Colville, Wash.

3. **RESIDENCE OF FATHER** (city, state): Moscow, Idaho.

4. **FULL NAME OF CHILD:** JOHN ALFRED NORTHRUP

5. Date of Birth (Month, day, year): Sept. 7, 1886

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME:** George Alfred Northrup
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Walla Walla, (City or town) Washington (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Joella Davisson
17. Color or Race: White
18. Age at time of THIS birth: 21 years
19. Birthplace: Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead: None (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Joella Davisson Northrup (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Malvel Fiedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Not Living M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Chelan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joella (Davisson) Northrup, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Alfred Northrup (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. B. Blake (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joella Davisson Northrup — Name
Colville, Stevens County, Washington. — P. O. Address

Subscribed and sworn to before me on this 7th, day of July 1941.

(SEAL) Kamp Fellar — Notary Public, residing at Cashmere,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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762-214-007-218

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317351
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.
(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address Broadford

3. RESIDENCE of FATHER (city, state) Broadford, Ida

4. FULL NAME OF CHILD Catherine Ida Goss

5. Date of Birth (Month, day year) April 14, 1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Phillip Shawn Goss
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Beloit (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Elizabeth Baymer
17. Color or Race white
18. Age at time of THIS birth 35 yrs
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Mary H Feder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Jane Elkins, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Catherine Ida Goss (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife-Unknown (Name of attendant at birth), who attended said birth midwife now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Emma Jane Elkins Signature
X 739 9th St Ogden P. O. Address

Subscribed and sworn to before me on this 7th day of August, 1941

(SEAL) Betty Stewart Notary Public, residing at Ogden, Utah

My Commission Expires Mar. 23, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

249 19 035-385

United States Department of Commerce
Bureau of Census

RECEIVED AUG 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318756
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton Nez Perce
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Palouse Wash

3. RESIDENCE of FATHER (city, state) Princeton Ida

4. FULL NAME OF CHILD Walter Monroe Smith

5. Date of Birth (Month, day year) May 19, 1886

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Theodore Monroe Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Jackson (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Bell Lynd
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Washington (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 18 1941 (Date received) (b) Mabel H. Geller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura B. Smith, being first duly sworn, say that I am Mother Related (Related to (or) acquainted with) Walter Monroe Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Simpson (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura B Smith Signature
Mount Angel Oregon P. O. Address

Subscribed and sworn to before me on this 15 day of Aug, 1941

(SEAL) Howard A. Wenden Notary Public, residing at Mount Angel Oregon

COMMISSION EXPIRES MARCH 28, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

291 127-001 185

319139

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 21 1941

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 100 Idaho St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. Home
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 100 Idaho
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address 100 Idaho St

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Frank Ernest Krall

5. Date of Birth (Month, day year) Sept. 27, 1886

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Krall Sr

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Germany (City or town) (State or foreign country)

14. Exact Occupation Farmer & Fruit Grower

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Ayers

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Denver Colo. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on AUG 21 1941 by Mary Peter (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva Krall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Ernest Krall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stevens (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva Krall ..... Signature
144 E. Idaho Street, Boise, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1941.
(SEAL) Jesse Martin, Jr. ..... Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362 103 035 553

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 17 1941

State File No. 319704
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Latah~~ Nez Perce (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Latah~~ Nez Perce
(c) City Moscow
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD John Toskey.

5. Date of Birth (Month, day year) Jan. 3 1886

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John E Toskey
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Bergen Norway. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Caroline Nelson
17. Color or Race White 18. Age at time of THIS birth 25 yrs
19. Birthplace Gottenberg Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Mabel I Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sadie Brown, being first duly sworn, say that I am acquainted with John Toskey (Name of person on certificate above) as nearest neighbor and daughter in law of midwife at birth (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harriet Boe (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sadie Brown Signature

N 3215 Madison Ave., Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 15th day of September, 1941

(SEAL) George L Overholm Notary Public, residing at Spokane, Washington.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

493 107-005-533

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City St Maries Ida
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries Idaho
(d) Street Address or R.F.D. No. R F D
(e) How long has **MOTHER** lived in Idaho? 2 — yrs.
(f) Mother's mailing address St Maries Ida

3. RESIDENCE of FATHER (city, state) St Maries Ida

4. FULL NAME OF CHILD David Blashford (BLASHFORD) Dickerson

5. Date of Birth (Month, day year) May 9-1886

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Blashford (BLASHFORD) Dickerson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Lexington Ky. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Illingworth

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Chicago Ill. (City or town) (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead X (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 12 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Dickerson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) David Blashford Dickerson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Dickerson — Signature
601 Coeur d'Alene Ave. Coeur d'Alene Ida — Address

Subscribed and sworn to before me on this 11th day of September, 1941
(SEAL) Robert K Baston — Notary Public, residing at Coeur d'Alene Idaho
My commission expires Jan 21 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SEP 2 0

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Amy Elvira Olsen
5. Date of Birth (Month, day, year) June 8, 1886
6. Sex Female
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John Oluf Olsen	16. FULL MAIDEN NAME Johanna Marie Running
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 31 yrs.	18. Age at time of THIS birth 30 yrs.
13. Birthplace Northland, (City or town) Norway (State or foreign country)	19. Birthplace Northland, (City or town) Norway (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by John Oluf Olsen (First name) (Last name), who is related to this child as father (Mother, etc.)

Amy Hopkins

26. (a) OCT 3 1941 (Date received) (b) Mabel H. Eeles (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature R. N. Smith per Amy Hopkins witness
his John Oluf x mark Olsen M.D. (D.O., Midwife, etc.)
Address Blaine, Wash. Date Sept. 30/41

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Oluf Olsen, being first duly sworn, say that I am Father (Related to (or) acquainted with) Amy Elvira Olsen (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sanders (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Amy Hopkins witness
R. N. Smith witness
his John Oluf x mark Olsen Signature
Blaine, Wash. P. O. Address

Subscribed and sworn to before me on this 30th, day of September, 1941

(SEAL) ____ Notary Public, residing at Blaine, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Caldwell
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Caldwell
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell

4. FULL NAME OF CHILD Jasper Louis Ballard

5. Date of Birth (Month, day year) May 3, 1886.

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Louis Ballard
11. Color or Race American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business Own shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myra Elizabeth Fuller
17. Color or Race American
18. Age at time of THIS birth 25 yrs.
19. Birthplace New York State (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)
26. (a) Oct 10-1941 (Date received) (b) Maline F. Keller (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)
25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rosie E. Ballard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jasper Louis Ballard (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. ~~I further state that ....(Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.~~

Rosie E. Ballard Signature
Box 198 Aloha Oregon P. O. Address

Subscribed and sworn to before me this 10 day of October 1941.
(SEAL) ....Notary Public, residing at Aloha, Oregon
My Com Expires May 12, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-206019 235

321930

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 21 1941
RECEIVED

1. PLACE OF BIRTH
(a) County Custer (b) City Clayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Lillian Sullivan Webb

5. Date of Birth (Month, day year) 10/6/86

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jason George Webb
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace unknown (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Stewart
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Beaver City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
26. (a) OCT 21 1941 (Date received) (b) Marie F. Feller (Registrar's signature)
27. Given name added on RECEIVED by (Registrar's signature)
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Saidie Bradshaw, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Lillian Sullivan Webb (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Sullivan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Saidie Bradshaw
Signature

Clayton, Idaho
P. O. Address

Subscribed and sworn to before me on this 15th day of October, 1941

(SEAL) Merle L. Drake Notary Public, residing at Challis, Idaho.

My commission expires: 3/1/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1971
APR 2 4 1974
AUG 2 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 116 037 419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

321952

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Owyhee (b) City near Bruneau
(c) Street Address or R.F.D.No. –
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home No days. IN **THIS** county 7 years month – days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) ~~City~~ PO Bruneau
(d) Street Address or R.F.D.No. –
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Bruneau

3. **RESIDENCE of FATHER** (city, state) Bruneau Ida

4. **FULL NAME OF CHILD** James Harvey Whitson

5. Date of Birth (Month, day year) Nov. 16, 1886

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Tyler Whitson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Boon County (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Markham
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Roseberg (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was a live (born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Sarrah Whitson (First name) (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) Oct 7 - 1941 (Date received) (b) Maud E Fuller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Nancy Coats (~~M.D.~~, Midwife, ~~etc.~~)
and address Jerome Idaho Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Coats, being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) James Harvey Whitson (Name of person on certificate above) as Midwife (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth – (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this 7th day of October, 1941.

(SEAL) M. Vincent Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

154-229-021-465

323049

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County FRANKLIN (b) City CLIFTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years 9 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County FRANKLIN
(c) City CLIFTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD ELMINA ANDERSON
5. Date of Birth (Month, day year) Jan. 29. 1886.
6. Sex FEMALE
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9(
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** SWEN ANDERSON
11. Color or Race WHITE
12. Age at time of THIS birth 57 yrs.
13. Birthplace STOCKHOLM (City or town) SWEDEN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** CHRISTINA MONSON
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 4
(c) Born alive and now dead 6 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 25 1941 (Date received) (b) Mabel T. Eller (Mother, etc.) (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of FRANKLIN } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LORENZO ANDERSON, being first duly sworn, say that I am A BROTHER OF (Related to (or) acquainted with) ELMINA ANDERSON BAKER (Name of person on certificate ~~above~~) as BROTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that JANE HOWELL (Name of attendant at birth), who attended said birth NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lorenzo Anderson Signature
P. O. Address

Subscribed and sworn to before me on this 23 day of October, 19 41.
(SEAL) Notary Public, residing at Preston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-28-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-11-7025 339

323078

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 23 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 69 yrs.
(f) Mother's mailing address Grangeville Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Lewis Harold Howard

5. Date of Birth (Month, day year) Feb. 17 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orville B Howard
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Battlecreek (City or town) Michigan (State or foreign country)
14. Exact Occupation Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Aline
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Mollalla (City or town) Ore (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) ..... (Last name), who is related to this child as X (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Mary H. Geiler (Registrar's signature)

27. Given name added on X by X (Registrar's signature)

25. Attendant's **OWN** signature X M.D. (D.O., Midwife, etc.)
and address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Flora Howard, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Lewis Harold Howard (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary J. White (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Flora Howard Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of Oct. 19 41
(SEAL) N. T. Pothell Notary Public, residing at Grangeville Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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655-220-001-691

323183

United States Department of Commerce Bureau of Census

OCT 29 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 9th Street-so.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years 6 month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. Davis Orchard-
(e) How long has MOTHER lived in Idaho? 6 mo. ~~yr~~
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rossie Ethel Fenley ~~Edmonds~~
5. Date of Birth (Month, day year) Sept. 20, 1886
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Geo. Washington Fenley	16. FULL MAIDEN NAME Martha Ann Franklin
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 21 yrs
13. Birthplace Batesville, Ark. (City or town) (State or foreign country)	19. Birthplace Tainey Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above and that personal particulars were furnished by Martha (First name) Fenley (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Mabel Y. Geifer (Registrar's signature)
25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____
27. Given name added on ____ by ____ (Registrar's signature)

RECEIVED

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Fenley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rossie Ethel Fenley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that The attendant (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Fenley — Signature
1202 N. 16th — P. O. Address

Subscribed and sworn to before me on this 29th day of October 1941

(SEAL) Marion E. Ow — Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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864-105-001-863

323210

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323210
Local Reg. No.
Reg. Dist. No.

NOV 1 1941
RECEIVED

1. PLACE OF BIRTH
(a) County Ada City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD Carl Harrison Housel
5. Date of Birth (Month, day year) Sept. 5, 1886
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Harrison Housel
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Milton (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Susan Virginia Holiday
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Shelbyville (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 1 1941 (Date received) (b) Mabel H. Eelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. May Owen, being first duly sworn, say that I am a Sister (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williams (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. May Owen ✓ Signature
Route 3 - Boise Idaho, P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941.
(SEAL) Myrna L. Brewer Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-22-0320-851

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323243
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi RECEIVED (b) City Junction
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home -- days.
IN **THIS** county 17 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Junction, Idaho

3. RESIDENCE of FATHER (city, state) Junction, Idaho.

4. FULL NAME OF CHILD Christie Staley

5. Date of Birth (Month, day year) 12/22/1886

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ezekiel Powers Staley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Jackson Center, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora May Yearian
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Duquoin, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date
26. (a) OCT 27 1941 (Date received) (b) Mary E Geller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Scott Yearian, being first duly sworn, say that I am related to (Related to (or) acquainted with) Christie Staley (Name of person on certificate above) as second cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Clark (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Scott Yearian — Signature
Winlock, Washington — P. O. Address

Subscribed and sworn to before me on this 29th day of September, 1941.
(SEAL) A B Eastman — Notary Public, residing at Winlock, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

491-251-202-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323244
Local Reg. No.
Reg. Dist. No.

OCT 27 1941
RECEIVED

1. **PLACE OF BIRTH:**
(a) County: Adams (b) City: Council
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Adams
(c) City: Council
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address:

3. **RESIDENCE OF FATHER** (city, state) Council, Ida

4. **FULL NAME OF CHILD** Minnie May Draper

5. Date of Birth (Month, day, year) March 21, 1886

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Draper
11. Color or Race: White
12. Age at time of THIS birth: 24 yrs.
13. Birthplace: Iowa (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Harrington
17. Color or Race: White
18. Age at time of THIS birth: 22 years
19. Birthplace: Kansas (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2
(c) Born alive and now dead: (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at -- M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Draper (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mark Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary Elizabeth Draper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Minnie May Draper (Name of person on certificate above) as Mother (State relationship or acquainance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Groseclose (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

RECEIVED

X Mary Elizabeth Draper Name

Tamarack, Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of July, 1941

(SEAL) Clerk District Court ~~Notary Public~~, residing at Council, Idaho

Matilda Moser

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 197

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-116-006-253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323447
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BINGAM (b) City CAMAS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGAM
(c) City CAMAS
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD FRANK LESTER KELLUM
5. Date of Birth (Month, day year) Nov. 16, 1886
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** ALVIN THEO. KELLUM
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace INDIANOLA (City or town) IOWA (State or foreign country)
14. Exact Occupation RAILROAD ENGINEER
15. Industry or Business RAILROAD

MOTHER OF CHILD
16. **FULL MAIDEN NAME** ANNIE JANE KELLUM
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace BRIGHTON (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 4 1941 (Date received) (b) Mabel H. Eller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ANNIE J. KELLUM, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with) FRANK LESTER KELLUM (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that LINA LEWIS (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie J. Kellum ..... Signature
LIMA, MONTANA ..... P. O. Address

Subscribed and sworn to before me on this 31st day of October, 19 41
(SEAL) Martha A. Bow Notary Public, residing at Missoula

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 212 044 212

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323690
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Salubria, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Dicia Ross

5. Date of Birth (Month, day year) Jan. 12, 1886

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Franklin Ross
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) (State or foreign country) Iowa
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ann Babb
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) (State or foreign country) Missouri
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Mary T. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Ross, being first duly sworn, say that I am (Related to (or) acquainted with) Dicia Ross (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cole (Name of attendant at birth), who attended said birth in now deceased (Is now deceased (or) cannot be located) and that this birth has ~~not~~ been **previously recorded.**

Witnesses { S O Stearns
Mrs Chloe Higginson

Martha X Ross
mark
Signature
P. O. Address

Subscribed and sworn to before me on this 10th day of November, 19 41
(SEAL)
C. L. Pierce
Notary Public, residing at Medford, Oregon
My commission expires July 31, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-118-10 36-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325378
Local Reg. No. Dec 2 1941
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Franklin~~ (b) City Preston
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Louis Elmo Lamont

5. Date of Birth of Child (Month, day, year) May 18, 1886

6. Sex Male

7. Twin or Triplet ****** If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Anderson Lamont
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ossian (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Howell
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business ------

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as father (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature L. A. Lamont M.D. ~~Midwife~~ Address Pocatello, Idaho Date 12/1-41

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for ..... years, and that ....., who attended this birth ..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. A. Lamont Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of Dec, 1941.
(SEAL) M. Lee Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com. expires May 10, 1945.

Received for filing on DEC 2 1941 by Mabel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-117-022-897

325585

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Freemont (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Lyman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Dead

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Willard Benjamin Weeks
5. Date of Birth (Month, day year) 6-17-1886
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Willard Henry Weeks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hartland (City or town) Wisconson (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Emmerlene Kiggins
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Kent (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec 10-1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hyrum Joseph Weeks, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Willard Benjamin Weeks (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that CHARLOTTE NEEVES (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hyrum Joseph Weeks Signature
746 East 48th South, Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me on this 7th day of December, 1941
(SEAL) A. W. Kay Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-204 016-671

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 days

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Myrtle Dell Albert

5. Date of Birth of Child (Month, day, year) Aug. 4, 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8 mo 3 wks 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Haney Albert
11. Color or Race American 12. Age at time of THIS birth 29 yrs.
13. Birthplace Terre Haute (City or town) Indiana (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Wray
17. Color or Race American 18. Age at time of THIS birth 24 yrs.
19. Birthplace Bakersburg (City or town) Kentucky (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at nine a.m. on the date and at the place stated above, and that personal particulars were furnished by Florence Albert (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 55 years, and that Mary Wray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Albert ..... Signature
American Falls, Idaho ..... P. O. Address

Subscribed and sworn to before me this 11th day of December, 1941.

(SEAL) J. P. Collins ..... Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

JUN 14 1968

JUL 26 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-216-028-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327266
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Rathdrum
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days
In **THIS** county — years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2-3 yrs.
(f) Mother's mailing address Spokane Road
3. **RESIDENCE OF FATHER** (city, state) Spokane Town

4. **FULL NAME OF CHILD** Ruby Ellen Gowanlock
5. Date of Birth (Month, day, year) Nov 16 1886
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John A Gowanlock
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Cupar (State or foreign country) Canada
14. Exact Occupation Mercantile
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hedwise M. Poirier
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace (City or town) St John the Baptist (State or foreign country) Quebec Canada
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 27 1941 (Date received) (b) Clyde A Bridge (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Wash.
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hedwise M Gowanlock being first duly sworn, say that I am Mother (Related to (or) acquainted with) Ruby Ellen Gowanlock (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I ~~further state that~~ (Name of attendant at birth), ~~who attended said birth~~ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hedwise M Gowanlock Name
1807 N Lowande Spokane P.O. Address

Subscribed and sworn to before me on this 2 day of Sept 1941

(SEAL) Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217127019-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327599
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
In my own home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 11 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Burnham Mass

4. FULL NAME OF CHILD Ralph Lorenzo Baxter

5. Date of Birth of Child (Month, day, year) 27 of Feb 1886

6. Sex Son

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Frank Stilman Baxter
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Burnham Mass (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Lee.
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Cincinatti Ohio (City or town) (State or foreign country)
20. Exact Occupation Farmer's wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho }
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 55 years, and that Julia Funkhouser (First name) (Last name) who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Bell Job
Signature

Challis
P. O. Address

Subscribed and sworn to before me this 26 day of Dec, 19 41

(SEAL) J. L. Boyd, Co. Recorder
~~Notary Public~~, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Merrill H. Edler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-223,035-381

United States
Department of Commerce
Bureau of the Census

DEC 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327607
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Troy Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Troy Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arneta Gilkison

5. Date of Birth of Child (Month, day, year) 12-23-1886

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James H. Gilkison
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Logger.
15. Industry or Business logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Chaney
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 56 years, and that Arneta (First name) Gilkison (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William L. Chaney Signature
Troy Ida P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941.
(SEAL) L. Brake Notary Public, residing at Troy Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-204-044-251

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 23 1941 STATE OF IDAHO

State File No. 327632
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Meadows, Ida.
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born on homestead
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 2 years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elanor Knight

5. Date of Birth (Month, day year) July 4, 1886

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Knight
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace ? (City or town) Ohio (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Beard
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 23 1941 (Date received) (b) Mary E. Kelley (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, WALLACE Wm. KNIGHT, being first duly sworn, say that I am the brother of (Related to (or) acquainted with) Elanor Effenberger (Name of person on certificate above) as Elanor Knight (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Knight, father (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wallace Wm Knight Brother Signature
703 8 80th St Los Angeles Cal P. O. Address

Subscribed and sworn to before me on this 29th day of Nov 1941

(SEAL) Max M. Gruber NOTARY PUBLIC Notary Public, residing at 7122 Compton Ave Los Angeles Cal

In and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

532-110-0 08-915 327698

United States Department of Commerce Bureau of the Census

JAN 2 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327698
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Placerville Id

4. FULL NAME OF CHILD Albert Thora Elster

5. Date of Birth of Child (Month, day, year) May 10, 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels Andres Elster
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ranft
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Essen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 55 years, and that Katherina (First name) Ranft (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elster Signature
2309 N. 20th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 2d day of Jan., 1942

(SEAL) Agnes Dean Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mamie T. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

205-206 225-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327754
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Lottie Shearer

5. Date of Birth of Child (Month, day, year) 3/8/1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Hamel Shearer
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation shoe maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Malvina Morris
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lawrenceburg Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was not living (Born alive, stillborn) at 0 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for always ~~years~~, and that (First name) (Last name), who attended this birth ~~is~~ now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary M Shearer Signature

P. O. Address

Subscribed and sworn to before me this 31st day of Dec, 1941

(SEAL) Leah Cedarholm Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mary H Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

United States (Be sure the information is as of date of birth of THIS child) State File No. 328143
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Latah~~ (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Latah~~ Nez Perce
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho.

4. FULL NAME OF CHILD Otis Ross

5. Date of Birth of Child (Month, day, year) July 10, 1886.

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William W infield Scott Ross
11. Color or Race White **12.** Age at time of THIS birth 32 5/ yrs.
13. Birthplace Boone County, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane King
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Benton County, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all his life years, and that Matilda Ross (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Ross Signature
621-7th St. Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942
(SEAL) [signature] Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 873 111 035 8475

328354

United States
Department of Commerce
Bureau of Census Nez Perce

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Latah~~ (b) City Moscow
(c) Street Address or R.F.D. No. usual route
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years x month x days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Latah~~
(c) City Moscow Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Moscow Ida

3. RESIDENCE of FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD Seneber Seneber Lee Hill

5. Date of Birth (Month, day year) May 11, 1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd ~~Twin~~ **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Benton Hill
11. Color or Race White **12.** Age at time of THIS birth 60 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business For Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Huldah Queener
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 8 (c) Born alive and now dead 6 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... P. M. on the date and at the place stated above, and that personal particulars were furnished by Ora Dell Ray (First name) (Last name), who is related to this child as older sister (Mother, etc.)

26. (a) JAN 10 1942 (Date received) (b) (Registrar's signature)
27. Given name added on ..... by (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ora Dell Ray, being first duly sworn, say that I am related to (Related to (or) acquainted with) Seneber Lee Hill (Name of person on certificate above) as older sister (13 yrs.) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rhoda Ann Ray (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ora Dell Ray Signature
E 1922 Cataldo Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 5 day of Jan, 1942.
(SEAL) Winnifred McPherson Notary Public, residing at Spokane Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-119-008-413

United States
Department of Commerce
Bureau of the Census

JAN 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329142
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: child born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Horseshoe Bend Idaho

4. FULL NAME OF CHILD John Daniel Penrod

5. Date of Birth of Child (Month, day, year) 3/19/1886

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Penrod
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Modale, Iowa (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Daley
17. Color or Race: White
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: "unknown", California (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Do not know

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for all his life years, and that Mary Daley (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Penrod — Signature
Idaho City, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.

(SEAL) Claude V. Marcus — Notary Public, residing at Idaho City, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

629-1858 45-468

329165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ALTURAS (b) City Broadford
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ALTURAS
(c) City Broadford
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD John Thomas OBrien

5. Date of Birth of Child (Month, day, year) 11/8/1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John WILLIAM OBrien
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wynoot (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathleen Moynahan
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tralee (City or town) IRELAND (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Chuquicamata
County of Tapia Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 55 years, and that Melvyn (First name) (Last name), who attended this birth deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kathleen O'Brien Signature
151 Mount Chula Costa P.O. Address

Subscribed and sworn to before me this 19 day of Dec, 19 41.

(SEAL) Blanche Dahrell Notary Public, residing at Chuquicamata Cary
My commission expires Apr 12 - 1942 Cary

(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary E. Edson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-205-028-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329178
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: /
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Ida

4. FULL NAME OF CHILD Mary Ann Herman

5. Date of Birth of Child (Month, day, year) June 5th 1886

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Herman
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Elton (City or town) Maryland (State or foreign country)
14. Exact Occupation Store keeper
15. Industry or Business Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Presley
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Red Oak (City or town) Georgia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mothers milk
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Tulare } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 88 years of age, that I have known this person for 55 years, and that Leonard Woods (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary J. Herman Signature
Porterville California P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942
(SEAL) Notary Public, residing at Porterville California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary J. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-103-028-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No. 330409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Kootenai Station
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Kootenai Station
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Guy Benjamin Butler.

5. Date of Birth of Child (Month, day, year) Nov 3. 1886

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Butler
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Syracuse (City or town) New York (State or foreign country)
14. Exact Occupation Merchant & hbr. Dealer
15. Industry or Business (owner)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Hamilton Butler
17. Color or Race White. 18. Age at time of THIS birth 24 yrs.
19. Birthplace Saginaw (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 55 years, and that Dr. (First name) Hendrickson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda Butler Signature
1807 E. Pacific, Spokane Wash P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) Gordon Graser Notary Public, residing at Spokane Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-129-049-353

330515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5
Local Reg. No.
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Blaine~~ Logan (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Blaine~~ Logan
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Leslie Clay Wright

5. Date of Birth of Child (Month, day, year) 7-29-1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Henry Wright Sr
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Clinton (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances LeTimbre
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Clinton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Robert H. Wright M.D (First name) (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 55 years, and that Mrs. Black (First name) (Last name), who attended this birth now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Robert H. Wright M.D. Signature
× Hailey Idaho P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942

(SEAL) R. H. McCoy Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-16-1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652 204 045 FEB 5 1942 331275

United States 861
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Ketchum, Idaho

4. FULL NAME OF CHILD Josephine Westerholm

5. Date of Birth of Child (Month, day, year) Feb., 4, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gabriel Westernolm
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) Finland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Hoaglund
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Finland (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 56 years, and that Dr. Richards (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Anne C. Westerholm Signature
RD. #2, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 42
(SEAL) M. E. Healy Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

383/19036-312

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City BATTLE CREEK
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~Home~~ Oneida
(c) City ~~None~~
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address NONE [redacted]

3. RESIDENCE of FATHER (city, state) IDAHO

4. FULL NAME OF CHILD WILLIAM CASE LYLE

5. Date of Birth (Month, day year) JAN. 19, 1886

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM STEWART LYLE
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace GLASGOW, SCOTLAND (City or town) (State or foreign country)
14. Exact Occupation RAILROAD MAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VIOLA MATILDA CASE
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace SIDNEY, IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead NONE (d) Stillborn NONE
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) Mary F. Geiser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oklahoma
County of Pontotoc } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Stewart Lyle, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Case Lyle (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Stewart Lyle — Signature
825 East 7th St. Ada, Okla. — P. O. Address

Subscribed and sworn to before me on this 26 day of December 19 41

(SEAL) Notary Public, residing at Ada, Okla.

My com exp. Feb. 23, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

JUL 3 1942

AUG 22 1942

DEC 22 1942

FEB 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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285 707 006-312

331716

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Bingham
JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bingham~~, (b) City Eagle Rock
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home above ~~[illegible]~~ is today known as Bonneville, Ida. Falls.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bingham~~ Bingham
(c) City EagleRock(
(d) Street Address or R.F.D. No. Main Street.
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD William Arthur Sherman.

5. Date of Birth of Child (Month, day, year) June 7, 1886

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy usual

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William John Sherman,
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Councilbluffs, Iowa (City or town) (State or foreign country)
14. Exact Occupation Shipping Clerk, Utah Northern
15. Industry or Business Railroad Railroad.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Rose Cabe.
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Ducktown, Tennessee. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living -

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at Six P. M. on the date and at the place stated above, and that personal particulars were furnished by Alice R. Sherman (First name) (Last name) who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Denver. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 55 years, and that Dr. John Beam (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Rose Sherman Signature
Denver, Colorado P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942.
(SEAL) Algernon S. Long Notary Public, residing at Denver, Colorado
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mark Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231 228 016-433

331730

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Starrhs Ferry
(c) Street Address or R.F.D. No. Jessie P.O.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Starrhs Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Amy McLelland Starrh

5. Date of Birth of Child (Month, day, year) Aug. 28. 1886

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas A. Starrh
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Lancestershire England (City or town) (State or foreign country)
14. Exact Occupation Owner&operator Starrhs Ferry
15. Industry or Business (See old map Idaho)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann McLelland
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Usual

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 55 years, and that Dr. Fred Danner (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel M. Stayner Signature
1826 South State Street P. O. Address

Subscribed and sworn to before me this 12 day of January, 19 42

(SEAL) Frank Rubado Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Mark H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-105-036-493 331807

United States Department of Commerce Bureau of the Census

FEB 10 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331807
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Chesterfield
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years - months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Chesterfield
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Osmond Call

5. Date of Birth of Child (Month, day, year) Aug 5 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chester Call
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Macedonia (City or town) Illinois (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Marie Dickson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bo (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 55 years, and that Mrs Christina Higginson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Hatch Signature
2510 Bella Boise, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942.
(SEAL) Rosa A. Haworth Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-128-045-255

332014

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 3 1942

1. PLACE OF BIRTH
(a) County Blaine (b) City Martin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Martin Altura
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Martin

3. RESIDENCE of FATHER (city, state) Martin

4. FULL NAME OF CHILD Herbert Leroy Jones

5. Date of Birth (Month, day year) Sep 28-1886

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 6 **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wiley Jones
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Lancaster (City or town) MO (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Helen Beetham
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Sanduskay (City or town) Ohio (State or foreign country)
20. Exact Occupation
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by my self Sarah H Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 3 1942 (Date received) Mrs. Helen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sarah H. Jones M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am mother of (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Helen Richardson (Name of attendant at birth) who attended said birth now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah H. Jones ..... Signature
Mackay Idaho ..... P. O. Address

Subscribed and sworn to before me on this 31 day of January, 1942
(SEAL) Morris Stacy Notary Public, residing at Mackay Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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285-103-029666

332681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332681
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Renne Julian Sheppard

5. Date of Birth of Child (Month, day, year) Feb. 3, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Sheppard
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Charitan (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Jane Woody
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Charitan (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 56 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Bruce Reason Sheppard Signature
#2 N. E. Hoskins Butte Mont. P. O. Address

Subscribed and sworn to before me this ~~[illegible]~~ day of February, 1942

(SEAL) John H. Wilson Notary Public, residing at Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 1944 by Mary E. Eddon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

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393063

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 333063

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH FEB 25 1942

County of Canyon

City of Central Park District - in Boise Valley

No. Middleton St.

Idaho

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edna Perkel

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Feb. 6, 1896 (Month, Day, Year)

9. Full name George Washington Ward Perkel

10. Residence (usual place of abode) (If non-resident, give place and State) Canyon Co. Ida

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Mineral Point Iowa Co. Wis.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work Aug. 17, 1897

17. Total time (years) spent in this work 20 years at least

18. Full maiden name Cynthia Ann Retta Brimhall

19. Residence (usual place of abode) (If non-resident, give place and State) Canyon Co. Ida

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Glendale, Kane Co. Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work March 8, 1908

26. Total time (years) spent in this work 26

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed FEB 25 1942, 193.. Mary E Eder
Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

INK—THIS IS A PERMANENT RECORD. Write in ink. Do not use pencil. Be careful and write legibly. Make a separate Return must be made for each, and the number of each, in order of birth stated.

759 206-014-299

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George Ward Perkel being first duly sworn says that he is the brother (Relationship of child)* of Edna Perkel born February 6, 1886 (Date of birth) at Middleton, Canyon County, Idaho, whose certificate of birth is hereto attached, and that Edna Perkel desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edna Perkel hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that O. W. Hall M. D. was the ~~Midwife~~ medical attendant at the birth of said Edna Perkel and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant George Ward Perkel
P. O. Address Wilder Route one

Subscribed and sworn to before me this 23rd day of February, 1942

[illegible] Notary Public.

Residing at Wilder, Idaho.

My com. expires Apr. 4, 1942

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 28 1947

FEB 25 1947

569 227016864

333140

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Rock Creek
(c) Street Address or R.F.D. No. Norton " " Ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rock Creek Ranch
(d) Street Address or R.F.D. No. Norton R.C.R
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Rock Creek, Ida

4. FULL NAME OF CHILD Alice Eucebia Norton

5. Date of Birth of Child (Month, day, year) Feb. 27, 1886.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Daniel Norton
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Elba (City or town) N. Y. (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business Cattleman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ella Youngs
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Hale, Marion Twshp. (City or town) Ogle Co., (State or foreign country) Ill.
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Pennsylvania
County of Philadelphia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 55 years, and that E. N. Huntley, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha E. Smith, Signature
7145 Germantown Ave., Philadelphia P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942. Penna.

(SEAL) Kathryn L. Dorbac Notary Public, residing at Philadelphia, Pa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 23, 9945 Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-113-006-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 833247

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Ten Mile Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ten Mile Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lucy Franklin Winschell

5. Date of Birth of Child (Month, day, year) March 13-1886

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Winschell
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Terre Haute (City or town) Indiana (State or foreign country)
14. Exact Occupation Rancher + Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Cates
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Salem (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 56 years, and that Bertha Christoffersen (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Winschell Signature
Georgetown Idaho P. O. Address

Subscribed and sworn to before me this 31 day of January, 19 42

(SEAL) Chas E Hans Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mark Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 108 020-313

5 334473

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 4-1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ELMORE (b) City MTN HOME
(c) Street Address or R.F.D.No. NOT KNOWN
(d) Name of Hospital or Maternity Home: NOT KNOWN
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City MOUNTAIN HOME
(d) Street Address or R.F.D.No. NOT KNOWN
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address DECEASED

3. RESIDENCE of FATHER (city, state) DECEASED

4. FULL NAME OF CHILD JOHN FRANKLIN KITCHING

5. Date of Birth (Month, day year) SEPT 8th 1886

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. FULL NAME WILLIAM HARRISON KITCHING

11. Color or Race WHITE

12. Age at time of THIS birth 50 yrs.

13. Birthplace TENNESSEE (City or town) (State or foreign country)

14. Exact Occupation CARPENTER

15 Industry or Business BUILDING

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA ANN CALDWELL.

17. Color or Race WHITE

18. Age at time of THIS birth 33 yrs

19. Birthplace MISSOURI. (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn NONE.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 4 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ~~King~~ Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Sarah Beasley, being first duly sworn, say that I am related (Related to (or) acquainted with) John F. Kitching (Name of person on certificate above) as mother-in law (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth DECEASED, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Beasley Signature

..... P. O. Address

Subscribed and sworn to before me on this 2 day of February, 1942

(SEAL) R. E. Henderson Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Seattle Washington
February 19th 42

Bureau Vital Statistics

I Was born in Mountain Home Idaho Sept 8th 1886 My parents removed from There to Glenns Ferry the following year and two years thereafter again removed to Salubria Idaho. My parents are both deceased also my only elder brother so with the exception of a brother 7 years younger

than myself I have
no living blood relatives
and would not know
of any person living
who would know
of my birth ~~so if~~ except
my mother-in-law
so if her affadavit is
not satisfactory I
suppose I will have
to go on without a birth
certificate, unless you
can suggest a way out

J. E. Fitching

664 202 006-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334493
Local Reg. No.
Reg. Dist. No. Bingham

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bannock~~ Bingham (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County ~~Bannock~~
(c) City Soda Springs Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Ida

4. FULL NAME OF CHILD Laura Maud Wimack

5. Date of Birth of Child (Month, day, year) May 2nd 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Pierce Wimack
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Jackson (City or town) Mississippi (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Roselle Sagers
17. Color or Race **18.** Age at time of THIS birth 20 yrs.
19. Birthplace near Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that Dr. Kirkwood (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amy Florence Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 42
(SEAL) [signature] Notary Public, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-226-001-793

334615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City
(c) Street Address or R.F.D. No. EAGLE ISLAND
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City
(d) Street Address or R.F.D. No. EAGLE ISLAND
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD EMILY MABEL DAVIS

5. Date of Birth of Child (Month, day, year) FEB. 26, 1886

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDWIN FERRIEN DAVIS
11. Color or Race WHITE
12. Age at time of THIS birth 57 yrs.
13. Birthplace NEW YORK STATE (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY GILDEA
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace SLIGO, IRELAND (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 55 years, and that Doctor E. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude R. Davis — Signature
800 Harrison Blvd. Boise, Idaho. — P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941.
(SEAL) Mabel B. Yarnick Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Maud Fred, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-229 044-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334823
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Crane Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Crane Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alta May Brannan

5. Date of Birth of Child (Month, day, year) March 29, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Brannan
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) (State or foreign country) Pennsylvania
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Trainor
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) (State or foreign country) Illinois
20. Exact Occupation Housewife
21. Industry or Business Dressmaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna B. Robertson (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Anna B. Robertson M.D. Midwife Address Weiser, Idaho Date 2-27-42

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 56 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna B. Robertson Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42

(SEAL) [illegible] Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

JAN 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556124010-559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Milo
(c) Street Address or R.F.D. No. Rigby Rt. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Milo
(d) Street Address or R.F.D. No. Rigby Rt. 2
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Milo, Idaho

4. FULL NAME OF CHILD Nels Abraham Newman

5. Date of Birth of Child (Month, day, year) Dec. 24, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abraham William Newman
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Pena, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Armanda Neilson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pena, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, ~~say that~~ I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 40 years, and that Mrs Stephens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x C. L. Meyer
Signature

x 913 W. Commonwealth - Fullerton, Calif.
P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.

(SEAL) Navara Jewin
Notary Public, residing at Fullerton, Calif.
My Commission Expires Oct. 30, 1941

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 25 1942 by Mark Teeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-119-128-342

335441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Four yrs.

3. RESIDENCE OF FATHER (city, state) Four yrs

4. FULL NAME OF CHILD Harry Leggett Lashbrook

5. Date of Birth of Child (Month, day, year) Oct 19-1886

6. Sex Male

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edgar Lashbrook
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Waverly (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Louise Lashbrook
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Waverly (City or town) Illinois (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Near Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 55 years, and that Polly Carney Mid wife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs George Grover Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-225025-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 26 1942

State File No. 335500
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lila Ann Castle

5. Date of Birth of Child (Month, day, year) July 25 1886

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Robert Castle
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Springfield Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leta Brewer
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid water

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 55 years, and that Dr John Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Harriett Ann Hartland Signature
1147 W-69 St. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942
(SEAL) Josephine A. Miller Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires January 25, 1943

Received for filing on FEB 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 of 7 803-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335541
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Idaho

4. FULL NAME OF CHILD Mary Amelia Hansen

5. Date of Birth of Child (Month, day, year) Jan. 17, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Enoch William Hansen
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Robison
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent [illegible] Neonatorum Boric Acid

23. Number of children of this mother [illegible] time of birth and including this child 1 Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY that I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for Life years, and that Mrs. James Cole (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Enoch William Hansen Signature
Shelley Ida R#2 P. O. Address

Subscribed and sworn to before me this 16 day of February, 1942.
(SEAL) [illegible] Notary Public, residing at Firth Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of [illegible] 19[illegible] Session Laws has not been recorded [illegible] midwife, or by affidavit [illegible] neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

ARCHIVES

814-120-244-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335666
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years month 8 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address now deceased
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Walter George Hauntz
5. Date of Birth (Month, day, year) June, 20, 1886
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jess Hauntz
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Jacksonville (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miranda E. Canary
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ptinston (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar 4, 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jess Hauntz, being first duly sworn, say that I am related (Related to (or) acquainted with) to Walter George Hauntz (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Victoria Evans (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jess Hauntz Signature
P. O. Address

Subscribed and sworn to before me in this 7 day of January 1942

(SEAL) MAR 7 1942

L. Goodnight Notary Public, residing at Midvale Idaho
Commission expires 4-10-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C/13-207-001-257 335835 335835

United States
Department of Commerce
Bureau of the Census

MAR 12 1947

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state): Star, Idaho

4. FULL NAME OF CHILD: Ada May Matlock

5. Date of Birth of Child (Month, day, year): May-7-1886

6. Sex: female **7.** Twin or Triplet: Twin If so—born 1st, 2nd, 3rd: first **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME: Clinton Matlock
11. Color or Race: White **12.** Age at time of THIS birth: 30 yrs.
13. Birthplace: Clark Co. (City or town) Ark. (State or foreign country)
14. Exact Occupation: farming.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Mary Elizabeth Sexton
17. Color or Race: White **18.** Age at time of THIS birth: 29 yrs.
19. Birthplace: Wright Co. (City or town) Mo. (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 55 years, and that Ole Hall (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clinton Matlock Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 1942.
(SEAL) O. M. Lanning Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible], Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1962

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

718-115 030-214

336149

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sugar
(c) Street Address or R.F.D. No. Map Salmon
(d) Name of Hospital or Maternity Home —
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salmon
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? always years.

3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME OF CHILD Arthur William Gayle.

5. Date of Birth of Child (Month, day, year) Sept. 15 1886

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy — **9.** Legitimate? —

FATHER OF CHILD

10. FULL NAME James T. Gayle,
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Franklin Co. Pa.
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Bennett Kaufman
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Used

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life years, and that I personally - - - - - - - (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cornelia Kaufman Miller Signature
Milner Apts. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942.
(SEAL) [illegible] Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-102-036 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336157
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Clifton, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at own home.
(e) Mother's stay **BEFORE** delivery: All her life.
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD James Richard Daniels Jr.

5. Date of Birth of Child (Month, day, year) May 2, 1886

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Richard Daniels Sr.
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Unknown (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Jane Daniels
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 55 years, and that Jane Hawell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Comm. expires Oct. 15, 1944 — Lydia Jane Daniels — Signature
Irwin, Idaho — P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942
(SEAL) Grace Traughber — Notary Public, residing at Swan Valley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mark H. Cupp, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-218 029-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 7 1942

State File No. 336321

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Genesee Idaho

3. RESIDENCE of FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Marguerite Mary Keane

5. Date of Birth (Month, day, year) Jan. 18, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Joseph Keane
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Limerick (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Mary Humphrey ~~Keane~~
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Virginia City (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary Kiefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Kinnier, being first duly sworn, say that I am related (Related to ~~(or) acquainted with~~) Mary Margaret Keane (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs A. Peterson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Kinnier Signature

Egan Apt. Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 1941

(SEAL) O. W. Schroeder Notary Public, residing at Moscow Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-123 036-168

336346

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria Ida

4. FULL NAME OF CHILD Albert E Thomas

5. Date of Birth of Child (Month, day, year) April 23 1886

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Roland Thomas
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace Hereford N. Pembrokeshire (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor John
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Samaria Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 56 years, and that Mrs Maria Morse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James B. Thomas Signature
Inkom Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942
(SEAL) Grace Clark Notary Public, residing at Malad, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary E Gulson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Id

4. FULL NAME OF CHILD Martin Christopher Zumwalt

5. Date of Birth of Child (Month, day, year) 5/13/1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Harrison Zumwalt
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Saint Louis Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cyntha Ann Rose
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Walla Walla Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 54 years, and that Unknown Doctor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert O Zumwalt — Signature
Grangeville Idaho — P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) Hampton Gaylor — Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Malad (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Floyd R. Clark

5. Date of Birth of Child (Month, day, year) Sept. 13-86

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Clark
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Pickaway County, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive M. Thompson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Secor Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Mrs Crocksol (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive M. Clark Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942.
(SEAL) G. F. Cleckner Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Ida M. Kelper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Harry Dexter Emery

5. Date of Birth of Child (Month, day, year) April 2, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wesley Emery
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Waterville (City or town) Maine (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Martha Foster
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Maine (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 55 years, and that Dr. (First name) Delany (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Emery — Signature
1321 Denver St. Boise — P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942.
(SEAL) Lucy Walker — Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 19 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-107-029-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Tarney (Kendrick)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Tarney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Tarney Idaho.

4. FULL NAME OF CHILD Rufus Arnold Hansen

5. Date of Birth of Child (Month, day, year) July 7-86.

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Andrew Walter Hansen
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Amanda Maxwell
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 56 years, and that Lina (First name) Maxwell (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Russell A Hansen Signature
Aberdeen, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942.
(SEAL) R.H. Seiler Notary Public, residing at Aberdeen, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel H Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-119-045-954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DELAYED

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 18 1942

State File No. 337937
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Bradford
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ~~[illegible]~~ days. In **THIS** county but years not months 19 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Bradford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7½ yrs.
(f) Mother's mailing address Hailey Idaho

3. **RESIDENCE OF FATHER** (city, state) Merriman

4. **FULL NAME OF CHILD** Victor William Bailey

5. Date of Birth (Month, day, year) August 19 1936

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Bailey
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Mount Pleasant Iowa (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Fracting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Amelia Redwell
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Portland Oregon (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mary Hefer (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Caroline Bailey, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Victor William Bailey (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jones (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Caroline Bailey Name
Hailey Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of February

(SEAL) [illegible] Notary Public, residing at Hailey

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED ADDED TO FACE 10/30/2015 AKR

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-128-006-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338240
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county more than 2 years months years days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Eagle Rock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? more than 2 years
3. RESIDENCE OF FATHER (city, state) Eagle Rock Idaho

4. FULL NAME OF CHILD Harry Rasmussen
5. Date of Birth of Child (Month, day, year) Jan. 28 1886
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Rasmussen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Carpenter & Cabinet Worker
15. Industry or Business for the Railroad at Eagle Rock

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Caroline Charlotte Petersen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nebraska
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 56 years, and that John (First name) Rasmussen (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Rasmussen Signature
116 So 50th Ave Omaha Neb. P. O. Address

Expires 6-12-46

Subscribed and sworn to before me this 11th day of March, 1942

(SEAL) Florence M. Rhea Notary Public, residing at Chadron Neb.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mark F. Kelsey, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-213-043489

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alice Louise Branner

5. Date of Birth of Child (Month, day, year) May 13 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Watkins Branner
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Knoxville (City or town) Tenn (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lalia Louise White
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Boston (City or town) Mass (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all of her life years, and that Dr. (First name) or attendant (Last name), who attended this birth was unknown to me (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie White Levangher Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942
(SEAL) Leah Cedarholm Notary Public, residing at Twin Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-128-016-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338700
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fredrick Erve Bedke

5. Date of Birth of Child (Month, day, year) 4/28/86

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank C. Bedke
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Statine (City or town) Germany (State or foreign country)
14. Exact Occupation Cattle raising
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Ann McIntosh
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 55 years, and that Julia (First name) Henderson (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Polly A Bedke ..... Signature
Oakley ..... P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942
(SEAL) S H Kinman Notary Public, residing at Burley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-1671028-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338801
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Five yrs.
(f) Mother's mailing address Rathdrum, Rathdrum, Id.

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Paul Reiniger

5. Date of Birth (Month, day, year) May 7, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Reiniger
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace — (City or town) Germany (State or foreign country)
14. Exact Occupation Brewer
15. Industry or Business Brewery Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Faul
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 25 1942 (Date received) Mabel Weber (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henrietta Anna Young, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul Reiniger (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCrail (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henrietta Anna Young Signature
Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of March, 19[illegible]

(SEAL) [illegible] Notary Public residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-201-025-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339530
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state): Grangeville, Idaho

4. FULL NAME OF CHILD: MAUDE VIOLET CORAM

5. Date of Birth of Child (Month, day, year): June 1, 1886

6. Sex: F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: John Coram
11. Color or Race: White
12. Age at time of THIS birth: 44 yrs.
13. Birthplace: Bristol, England (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: MARY CATHERINE CAROTHERS
17. Color or Race: White
18. Age at time of THIS birth: 32 yrs.
19. Birthplace: London, Ontario (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Don't know

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 68 years of age, that I have known this person for abt 35 years, and that Dr S. E. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nannie Hilwell ..... Signature
Grangeville, Idaho ..... P. O. Address

Subscribed and sworn to before me this 28th day of March 1942

(SEAL) ..... Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-107-026-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339797
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD LeRoy Purser

5. Date of Birth of Child (Month, day, year) Jan. 7th, 1885

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Purser

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Wales, (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Clark

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Logan Utah. (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember, probaly none.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 56 years, and that Mrs. Poole, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Purser Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of April, 19 42

(SEAL) Sarah R. Bowman Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel Nielson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-22-029-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Thomas Victor Tuttle

5. Date of Birth of Child (Month, day, year) 2-22-1886

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Baly Jessup Tuttle
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Juliza Paslay
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Cassville (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 8.00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Juliza Paslay Tuttle (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth x Lee ~~MD~~ Midwife Address Chelan, Wash. Date 3-30-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-109-203-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339827
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City SODA SPRINGS.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City SODA SPRINGS.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? THREE yrs.

3. RESIDENCE OF FATHER (city, state) THREE YRS.

4. FULL NAME OF CHILD ELMER JAMES COVERT.

5. Date of Birth of Child (Month, day, year) 7-9-1886.

6. Sex MALE. **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? YES.

FATHER OF CHILD

10. FULL NAME MILO COVERT.
11. Color or Race WHITE **12.** Age at time of THIS birth 32 yrs.
13. Birthplace BUTLERVILLE. (City or town) UTAH. (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business FARMER.

MOTHER OF CHILD

16. FULL MAIDEN NAME MARION PARKS.
17. Color or Race WHITE **18.** Age at time of THIS birth 28 yrs.
19. Birthplace BUTLERVILLE. (City or town) UTAH. (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business HOUSEWIFE.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child TWO. (b) Born alive and now living FOUR

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER ---------- (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ---57--- years of age, that I have known this person for ---55--- years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leroy Milo Covert Signature
P. O. Address

Subscribed and sworn to before me this 5th day of April, 1942
(SEAL) Notary Public, residing at NOTARY PUBLIC FOR OREGON
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES DEC. 12, 1944

Received for filing on APR 7 1942 by Mark Hatfield, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-215-033-133

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) Rexburg, Idaho.

4. FULL NAME OF CHILD Margaret Allen Leatham

5. Date of Birth (Month, day year) Jan. 15, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Leatham
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Cardowan, Lanark, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Allen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. Louis, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Shasta } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Peter Allen Leatham, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Allen Leatham (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hinkley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Peter Allen Leatham Signature
Shasta, California P. O. Address

Subscribed and sworn to before me on this 21st day of March 1942.
(SEAL) Rosemarie Di Lullo Notary Public, residing at Redding

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361 129 037819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340567**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau Idaho

4. FULL NAME OF CHILD Jesse Shelman Coats

5. Date of Birth of Child (Month, day, year) Dec. 29 — 1886

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Chasteen Coats
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Bettis County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer and stock raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Ann Harris
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Butte County (City or town) California (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 76 years, and that Nancy Houston (First name) Harris (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Ann Coats Signature
P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942

(SEAL) Mrs. S. McCrea Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 15 1942 by Mary Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 211 016 299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340879
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD Mable Clare Harroun ~~Rosenauer~~

5. Date of Birth of Child (Month, day, year) Sept. 11 1885

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Carwin Harroun
11. Color or Race: white
12. Age at time of THIS birth: 20 yrs.
13. Birthplace: Aledo (City or town) Illinois (State or foreign country)
14. Exact Occupation: Stock grower
15. Industry or Business: Live stock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Jane Amelia Brim
17. Color or Race: White
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Tooele (City or town) Utah (State or foreign country)
20. Exact Occupation: House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: 3
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 55 years, and that Dr. Spory (First name) of LA (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs W C Harroun — Signature
1042 South Woods, Los Angeles — P. O. Address

Subscribed and sworn to before me this 9th day of April, 19 42
(SEAL) Irene S. Graves — Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-114032-384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

AMENDED JULY 9, 1948 STATE OF IDAHO

State File No. 341289
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida.

4. FULL NAME OF CHILD Carlyle North

5. Date of Birth of Child (Month, day, year) Oct. 14, 1886

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry North
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace North Cohocton, New York (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Peronne Hall Church
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mankato, Minnesota (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for years, and that Doctor (First name) Kibbe (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peronne Hall North Signature
P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942
(SEAL) Grace Bistline, Notary Public, residing at Pocatello, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 21, 1942 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

341289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Lincoln (b) City: Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Lincoln
(c) City: Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Carlyle North

5. Date of Birth of Child (Month, day, year) Oct. 14, 1889

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry North
11. Color or Race: White
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: North Cohocton, New York (City or town) (State or foreign country)
14. Exact Occupation: Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Peronne Hall Church
17. Color or Race: White
18. Age at time of THIS birth: 28 yrs.
19. Birthplace: Mankato (City or town) Minnesota (State or foreign country)
20. Exact Occupation: school teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for years, and that Doctor (First name) Kibbe (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peronne Hall Church — Signature
P.O. Address

Subscribed and sworn to before me this 20th day of April 1942.
(SEAL) Grace Bistline Notary Public, residing at Pocatello, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

JUL 8 1948

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Shoshone

Certificate No. 341289

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Carlyle North (Name on Original Certificate) who Was born (Was Born or Died) on Oct. 14, ~~1889~~ 1886 (Date of Event) in Lincoln Co., Shoshone, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record, ~~Insurance Policy, Etc.~~ prepared on Oct. 14-1886 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
5.	Oct. 14, 1889	Oct. 14, 1886

Subscribed and sworn to before me this 5th day of May, 1948

Mildred Lang
Notary Public, residing at Avoca, N.Y.
My commission expires Mar. 30-1948
(Seal)

Signed Nora Bush
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Avoca, N.Y.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York } ss.
County of Steuben

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1948

Mildred Lang
Notary Public, residing at Avoca, N.Y.
My commission expires Mar. 30-1948
(Seal)

Signed Ruth E. Baxter
(Signature of Any Credible Person)

Avoca, N.Y.
(Street Address, City, State)

JUL 10 1948

962-203-016-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Kay Robison			2. Date of Birth (month) (day) (year): May 3, 1886
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Milos Gay Robison Milus			7. State or Country of Father's Birth: Clayton, Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Tranmer			9. State or Country of Mother's Birth: Cambridge, Illinois
AFFIDAVIT	Officially, I declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on Oct. 7 1973 19	10. Signature of Registrant: Ella Kay Robison Oleby		11. Present Address of Registrant: 529 Hoover Ave SanJose Calif. 95126
		12. Signature of Notary: Domenic Cirincione		13. Notary Commission expires: Oct. 7th 1973 19

OFFICIAL SEAL DOMENIC CIRINCIONE, JR. NOTARY PUBLIC-CALIFORNIA SANTA CLARA COUNTY My Commission Expires Oct. 7, 1973

1027 W. Taylor St., San Jose, Calif. 95126

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of pages from Bible	By whom issued and signed: Family Records in Bible/ Domenic Cirincione, Jr. Notary, CA	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: May 3,1886	Birth Place: Albion, Idaho	Full Name of Mother: Mary E. Robison	Name of Father: Milus Gay Robison
SUPPORTING RECORD 2.	Type of Document: photograph of registrant with birthdate on back	By whom issued and signed: family records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: May 3,1886	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Rock Creek Prec., Cassia Co., ID	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov.6,1973	Date Orig. Entry: June 1,1900
	Date of Birth: May 1886	Birth Place: Idaho	Full Name of Mother: Mary E. Robison	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 18 1973

FORM BH 56067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342425
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 9 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD Ella Kay Robison

5. Date of Birth of Child (Month, day, year) May 3. 1888

6. Sex girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milus Gay Robison
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Clayton Ill. (City or town) (State or foreign country)
14. Exact Occupation Mercantile Store
15. Industry or Business Cattle business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Tranmer
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Cambridge Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argeryol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Albion Ida. M. on the date and at the place stated above, and that personal particulars were furnished by Mary E Robison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Anna Burke M.D. Midwife Address Albion Idaho Date May 3 1888

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 23 [illegible] by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

MAY 16 1951

DEC 19 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-23-022-914

342998

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home -
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 5 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont (now Madison)
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho.

4. FULL NAME OF CHILD Mary Cook

5. Date of Birth of Child (Month, day, year) Aug 31-1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 9th birth 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Moores Cook.
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Timperly, Cheshire, England. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Jane Radcliffe.
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Greenhey, Lancashire England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother in Law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Margaret Troop (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John R Hunter Signature
282 E 9 So Salt Lake City Ut. P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942

(SEAL) D A Green Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mary Feeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-103 035 957

343409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cora Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Cora Idaho

4. FULL NAME OF CHILD Clarence Claude Frownfelter

5. Date of Birth of Child (Month, day, year) July 3, 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elbert Clarence Frownfelter
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oshkosh (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Jemima Inghram
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Knoxville (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 56 years, and that Midwife (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rhoda Campfield Signature
Nezperce Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942
(SEAL) Nannie P. White Notary Public, residing at Lewiston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 30 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 15 1952

843-203 017 313

343704

343704

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Near Bay Horse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Near Bay Horse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ellen Inez Hutchinson

5. Date of Birth of Child (Month, day, year) June 3rd 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elias Hutchinson
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Spencer (State or foreign country) Iowa
14. Exact Occupation Dairyman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Etta Calkins
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Spencer (State or foreign country) Iowa
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for since 1887 years, and that no Doctor or midwife (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Blanche Bingham Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42.

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maud Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 218006 699

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

343841

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Willow Creek
(c) Street Address or R.F.D. No. Precinct
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Willow Creek Precinct
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Eagle Rock, Idaho

3. **RESIDENCE of FATHER** (city, state) Eagle Rock Idaho

4. **FULL NAME OF CHILD** Myrtle Mary Buck

5. Date of Birth (Month, day, year) January 18, 1886

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James S. A. Buck
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Haddam (City or town) Connecticut (State or foreign country)
14. Exact Occupation Farming and stock raising
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Minerva Wright
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Vernon (City or town) Vermont (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 4 1942 (Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Minerva Buck, being first duly sworn, say that I am related to (Related to (or) acquainted with) Myrtle Mary Reed (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Helen Buck (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada Minerva Buck Signature

485 Ridge Ave., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of April, 1942

(SEAL) H. L. Brownink CLERK OF THE DISTRICT COURT, residing at Idaho Falls, Idaho

By Lulu Dolen Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

JUN 7 1955

SEP 2 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299/13 007 445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Wallace Munson Brim

5. Date of Birth of Child (Month, day, year) July 13, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willard W. Brim
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Utah, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Griffith Munson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chicago, Ill. (City or town) (State or foreign country)
20. Exact Occupation Schoolteacher
21. Industry or Business Educational

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that Robinson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah M. Harvey Signature
7123 Normal Blvd., Chicago, Ill. P. O. Address

Subscribed and sworn to before me this 16th day of April, 19 42.
(SEAL) Edmund L. Olsen Notary Public, residing at Chicago, Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Hopkins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-205 044 895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344229
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Salubria Ida.

4. FULL NAME OF CHILD Elizabeth Susannah Pointo

5. Date of Birth of Child (Month, day, year) June 1886

6. Sex Female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lemon Pointo
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Melinda Hinshaw
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) None (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 36 years, and that Dr. Hunt (First name) (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. Ellen Scott Signature

P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942.

(SEAL) Agnes Lunn Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1886-D51-1007

BOTH DELAYED

791-219 001-693

344283 344283

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Star, Idaho

4. FULL NAME OF CHILD Bertha Kathryn Gray

5. Date of Birth of Child (Month, day, year) July 19, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Silas Sheppard Gray
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Malinda Wilson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Manchester, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Ada, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Susan Fouch (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda E. Wakeman Signature
1417 North 5th St., Boise, Idaho. P. O. Address

Subscribed and sworn to before ~~me~~ this 15th day of May, 19 42.

(SEAL) Lenna B. Jones Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) My commission expires January 20, 1945.

Received for filing on MAY 16 1942 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 107 004 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344413
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At my own Home —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Paris Idaho

4. FULL NAME OF CHILD George Arthur Smith

5. Date of Birth of Child (Month, day, year) June 7-1886

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm John Smith
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Cumbe Town (City or town) — Ireland (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Batty
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Chesterfield (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE none - Dead -

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was — (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Rich } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 56 years, and that Emeline (First name) Rich-Paris Idaho (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Smith — Signature
Randolph Utah — P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942

(SEAL) F. J. Morris — Notary Public, residing at Randolph Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91[illegible] My Commission Expires Mar 20-1943

Received for filing on MAY 11 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 231 036 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344444
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton, Idaho

4. FULL NAME OF CHILD Delila May Boyce

5. Date of Birth of Child (Month, day, year) Aug. 31, 1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Calvin Boyce
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Carthage, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Marshall
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Linton Hill, Herefordshire, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Big Horn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 56 years, and that Valetta Jensen (Mid-Wife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. W. Walker Signature
P. O. Box 639, Lovell, Wyoming P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 42

(SEAL) Geo. McCabey Notary Public, residing at Lovell, Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires 11-1-45

Received for filing on MAY 13 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

634-118-040-251

344782

United ~~States~~ — (Be sure the information is as of date of birth of THIS child) State File No. 344782
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years Not known months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Not known yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bratazon Augustus Olds

5. Date of Birth of Child (Month, day, year) July 18-1886

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Not known **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Augustus Olds
11. Color or Race White **12.** Age at time of THIS birth Not known yrs.
13. Birthplace Ill (City or town) (State or foreign country)
14. Exact Occupation MINE CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zena DeBeaumont
17. Color or Race White **18.** Age at time of THIS birth Not known yrs.
19. Birthplace Simcoe Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the owner (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. A. Olds Signature
Box 702 Indio P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942
(SEAL) Agnes Whitlinger Notary Public, residing at Indio, Calif.
My Commission Expires February 7, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 28 1947

JAN 28 1947

INCLOSURE
No. 364915
Department of Justice

347782

Vancouver B.C.
August 28th 1922

Declaration by Mrs Jessie Olds of Peters Lynn Lake, North Vancouver, B.C.

My son Brabazon Augustus Olds was on July 18th the year 1886 in the town of Windsor, Nova Scotia, State of Maine, United States. I solemnly swear that the above statement is correct.

Signed Mrs. Jessie Olds.

Declared before me
This 28th day of August 1922 in the City of
Vancouver Province of British Columbia
James G. Boyce
Notary Public in & for
The Province of British Columbia.

MAY 19 1942

469-211 036-155

344798

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344798
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria, Ida.

4. FULL NAME OF CHILD Jane Morse

5. Date of Birth of Child (Month, day, year) Sept. 11, 1886

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph B. Morse
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Llandly, Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Jankins
17. Color or Race white **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Cumback, So. Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --------

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Agnes C Morse M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 55 years, and that unknown (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes C Morse Signature
1951 Eccles Ave., Ogden, Utah P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942
(SEAL) Ben Bilbaglia Notary Public, residing at Milwaukee, Wis.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 18 1942 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-112-037-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344911
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Owyhee (b) City: Bruneau
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Owyhee
(c) City: Bruneau
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Oreana Ida

4. FULL NAME OF CHILD Lionel Eugene Pritchard

5. Date of Birth of Child (Month, day, year) Sept 12 1886

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuelle Pritchard
11. Color or Race: white
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: London (City or town) Canada (State or foreign country)
14. Exact Occupation: Assessor + Tax Collector
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mannie Emma Ulrich
17. Color or Race: white
18. Age at time of THIS birth: 19 yrs.
19. Birthplace: Rome (City or town) New York (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (~~Mother, etc.~~) deceased

25. Attendant's **OWN** signature: Mrs Black Neighbor ~~M.D.~~ ~~Midwife~~ Address: Date:

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for life years, and that Mary (First name) Black (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. Chitwood — Signature
R5 Boise Idaho — P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942.
(SEAL) Ruth Yerman — Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm Expires Feb. 8-1944

Received for filing on MAY 16 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-105 '026-618

344928

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Uther J. Davis

5. Date of Birth of Child (Month, day, year) Jan. 5, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Morris Davis
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Deborah Mary Naylett
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Brigham City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4 above, that I am now years of age, that I have known this person for years, and that Dr. J. H. Morgan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Uther J. Davis Signature
Soda Springs Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942
(SEAL) D. H. Lemon Notary Public, residing at Soda Springs
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-129-006-469

344929

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Ida

4. FULL NAME OF CHILD Elbert Northan Eastman

5. Date of Birth of Child (Month, day, year) Dec 29, 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Landis Carlton Eastman
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Oskaloosa Iowa (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Marion Doran
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Caroline M. Doran (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 55 years, and that Dr Hoover (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Eastman Signature
Soda Springs Idaho P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942
(SEAL) [illegible] Notary Public, residing at Soda Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mabel Fielder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1947

MAY 23 1942

MAY 26 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-118-045-695

~~United~~ States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Alturas (b) City Belview
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Alturas
(c) City Belview
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Belview, Idaho

3. RESIDENCE of FATHER (city, state) Belview, Ida.

4. FULL NAME OF CHILD Thomas Arthur Caid

5. Date of Birth (Month, day year) Sept. 18, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Thomas Caid
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Little Rock Arkansas (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Lead and Silver Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie E. Freeman
17. Color or Race White
18. Age at time of THIS birth 17 yrs
19. Birthplace Morgan County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Annie E. Caid Wisecarver (First name) (Last name), who is related to this child as Mother (Mother, Father)

26. (a) MAY 18 1942 (Date received) (b) Mary E. Miller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Josephine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie E. Caid Wisecarver, being first duly sworn, say that I am ~~Mother~~ related to (Related to (or) acquainted with) Thomas Arthur Caid (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie E. Caid Wisecarver — Signature
215 West G. St., Grants Pass, Ore. — P. O. Address

Subscribed and sworn to before me on this 23rd day of April, 1942

(SEAL) Bernice Conant ~~Notary Public~~, residing at Grants Pass, Oregon
County Clerk

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

951-112-002-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346512
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADAMS (b) City COUNCIL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: FAMILY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADAMS
(c) City COUNCIL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EARLE JESS REAVIS

5. Date of Birth of Child (Month, day, year) MARCH 12-1886

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** LEMUEL NATHEN REAVIS
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace COUNCIL BLUFF (City or town) IOWA (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ISABELL LAMBERT
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace ST JOSEPH (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of MALHEUR } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 56 years, and that MIDWIFE (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irene Garred Signature
R.1. Box 14, Vale, Ore. P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL) Notary Public, residing at Vale Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel K. Edelen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended Dec. 17, 1951

249-222-001-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346561
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida.

4. **FULL NAME OF CHILD** EDITH LaVERN BURGOYNE

5. Date of Birth of Child (Month, day, year) Dec. 22, 1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Lorenzo Burgoyne
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fort Bridger, Wyo. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Binnie Burgoyne
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Gotland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 55 years, and that Francis Bridges (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Binnie Burgoyne Signature

P. O. Address

Subscribed and sworn to before me this 27 day of May, 19 42

(SEAL) Len Aland, Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 23, 1942 by Mabel F. Elder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346561
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Edith LaVeru Burgoyne

5. Date of Birth of Child (Month, day, year) Dec. 22, 1986

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Edward Lorenzo Burgoyne
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Fort Bridger Wyo (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Binnie Burgoyne
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Portland Sweden (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 55 years, and that Francis Bredgis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Binnie Burgoyne Signature
P. O. Address

Subscribed and sworn to before me this 22 day of May, 1942
(SEAL) Ben Acard Notary Public, residing at Montpelier Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mabel Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 16 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 346561

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith LaVern Burgoyne (Name on Original Certificate) who born (Was Born or Died) on Dec. 22, 1886 (Date of Event)
in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Dec. 22, 1986	Dec. 22, 1886

Subscribed and sworn to before me this 15 day of October, 1951

Notary Public, residing at Montpelier
My commission expires 4/18/53
(Seal)

Signed Sidney L. Burgoyne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of October, 1951

Notary Public, residing at Montpelier
My commission expires 4/18/53
(Seal)

Signed Elmer L. Burgoyne
(Signature of Any Credible Person)

Montpelier, Idaho.
(Street Address, City, State)

FORM DPH - 51117

818-3141030-851

346606

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Junction idaho

4. FULL NAME OF CHILD Emma Jane Hays

5. Date of Birth of Child (Month, day, year) 6-14-1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert H. Hays
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Marietta (City or town) Ohio (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Jane Yearian
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Table Rock, Nebraska (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 78 years of age, that I have known this person for 55 years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas H. Yearian Signature
Lemhi Idaho P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL) Warwick Hughes Jarvis Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-231-006-649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Eagle Rock
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) At time of birth Eagle Rock, Idaho

4. FULL NAME OF CHILD Henrietta Myers

5. Date of Birth of Child (Month, day, year) May 31, 1886

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Manasseh Myers
11. Color or Race Caucasian 12. Age at time of THIS birth 36 yrs.
13. Birthplace Burnley, Lancashire, England (City or town) (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Furniss
17. Color or Race Caucasian 18. Age at time of THIS birth 36 yrs.
19. Birthplace Burnley, Lancashire, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-five years of age, that I have known this person for fifty-six years, and that Mrs. (First name) McCullough (First name) unknown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Myers Signature
121 No. 12th Ave., Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42.
(SEAL) J. M. McCullum Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-125-068-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346782
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet (Now Gem Co.)
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jess Jay Dill

5. Date of Birth of Child (Month, day, year) Aug. 25, 1886

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jerry M. Dill
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Wealthy Jane Cherry
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the an Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 56 years, and that Dr. Tuttle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Hackett — Signature
Emmett, Idaho — P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942
(SEAL) [signature] Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-126-007-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No. Not street number
(d) Name of Hospital or Maternity Home: Bowell home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No. Not street number
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Ketchum Idaho

4. FULL NAME OF CHILD Harold Morton Snow

5. Date of Birth of Child (Month, day, year) June 26 1886

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Morton Snow
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace New Bedford (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banker

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Morgan
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Monmouth (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New Mexico
County of Mc Kinley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the first cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 56 years, and that Horace Lewis M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Martha E. Hill Signature
x P.O. Box 150, Gallup, N.M. P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942.
(SEAL) Mary A. Lyle Notary Public, residing at Gallup, New Mexico
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated) My Commission Expires December 9, 1943

Received for filing on MAY 28 1942 by Mabel Hall, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

115-112-044-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347184
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Salubria
(c) Street Address or R.F.D. No. near Cambridge
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria near Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Salubria, Ida.

4. FULL NAME OF CHILD George Byron James

5. Date of Birth of Child (Month, day, year) May 12-1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin James
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace James Ville, Wis. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Percival Weston
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Springfield, Ill. (City or town) (State or foreign country)
20. Exact Occupation Nurse Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Harriett (First name) James (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Minnie Weston M.D. Midwife Address Weiser Ida Date May 28-

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-230-006-313

347295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Gentile Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho Territ (b) County Bingham
(c) City Gentile Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bertha Irene Clemens

5. Date of Birth of Child (Month, day, year) 12/30/1886

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Clemens
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Yam Hill (City or town) Ores. (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mine Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Matilda Caldwell
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City (City or town) Utah Territory (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 55 years, and that Mrs. Ephriam Bennett (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Sharp Graham — Signature
Soda Springs Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942

(SEAL) L. Grace Lewis — Notary Public, residing at Soda Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-212 045-269

347561

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county years months ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Ida.

4. FULL NAME OF CHILD Irene Lorraett Ballard

5. Date of Birth of Child (Month, day, year) October 12th 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Phillip Ballard
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Hancock County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer & Sawmill Operator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Perelia Boren
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Pottawattamie Co., Iowa (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother In Law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 55 years, and that Ora Powell (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire ~~to~~ have this birth recorded under Chapter 139, 1937 Session Laws.

John O Wardopt Signature
Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942
(SEAL) John Edwards CLERK OF DISTRICT COURT Notary Public, residing at Fairfield Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by Mabel Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-114-024-792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347795
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Spokane Wash.

4. FULL NAME OF CHILD Guy Day

5. Date of Birth of Child (Month, day, year) Jan. 19. 1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Day
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Beale (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Frances Gibson
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Clarke Co. (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 56 years, and that Dr (First name) Blake (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Day
Signature
P. O. Address

Subscribed and sworn to before me this 8 day of June, 19 42

(SEAL) E. E. Dugger Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by E. E. Dugger Notary Public, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-113-04K-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347817
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley

4. FULL NAME OF CHILD Albert Emery Hartley

5. Date of Birth of Child (Month, day, year) July 13, 1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Loranzo Hamilton Hartley
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Ashvill, (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Aberila Linder
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Kirkvill, (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Linder (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 56 years, and that Mrs Harp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Linder Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 7 day of June 1942

(SEAL) J. H. Goodnight Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 9 1942 by M. I. Weiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-118-006-689

347818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Conant Valley (rural)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho (rural

4. FULL NAME OF CHILD CHARLES WILLIAM HIGHAM

5. Date of Birth of Child (Month, day, year) Nov. 18, 1886

6. Sex male ~~female~~

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Richard Higham
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Stock Rancher
15. Industry or Business raising cattle & livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Evelyn White
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Oakley, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent **Ophthalmia Neonatorum** do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 55 years, and that Dr Mitchell (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Lee — Signature
R.F.D. No. 1, Rigby Idaho — P. O. Address

Subscribed and sworn to before me this 5 day of June, 1942.
(SEAL) Marie Bundy — Notary Public, residing at Idaho Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

APR 8 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-130-035-652

347875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Ida.

4. FULL NAME OF CHILD Roy Welker

5. Date of Birth of Child (Month, day, year) Oct 30-1886

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George W. Welker
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Marion Wessels
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace San Francisco, California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no doctor-dont know

23. Number of children of this mother: (a) At time of born and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Samantha A. Vaughan (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 55 years, and that Elizabeth Welker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samantha A. Vaughan — Signature
1227-Apt. E. Lewiston, Idaho — P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942

(SEAL) Fred D. Wooster — Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-111-029 434

348006

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Hazelton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home none
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Hazelton Wash.
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Archie May

5. Date of Birth of Child (Month, day, year) July 22-1886

6. Sex **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Jefferson May
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane McMurtry
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace unknown (City or town) Alabama (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 56 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Drew Signature
Colfax P. O. Address

Subscribed and sworn to before me this 8th day of May 19 42
(SEAL) E. Johnson Notary Public, residing at Dayfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel H. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-11-044-791

348263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Washington (b) City....Weiser.....
(c) Street Address or R.F.D. No....Route #3.....
(d) Name of Hospital or Maternity Home:
.....at Home.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 4 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State....Idaho..... (b) County.....Washington
(c) City .....Weiser.....Route #3.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....1yr 4 Mo11D yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD.....Jessie Wilbur Day.....

5. Date of Birth of Child (Month, day, year)..... June 11, 1886

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leander A. Day
11. Color or Race.....White..... **12.** Age at time of THIS birth....37.....yrs.
13. Birthplace.....Virginia.....
(City or town) (State or foreign country)
14. Exact Occupation .....farmer.....
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME.....Annie Elizabeth Arasmith.....
17. Color or Race.....white..... **18.** Age at time of THIS birth.22.....yrs.
19. Birthplace....Galesburg.....Illinois.....
(City or town) (State or foreign country)
20. Exact Occupation .....housewife.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....none.....
23. Number of children of this mother: (a) At time of birth and including this child..2..... (b) Born alive and now living..1.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....(First name)(Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....Idaho.....
County of....Washington.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....78.....years of age, that I have known this person for..all..his..life.....years, and that .....Susanna Dawson.....(First name)(Last name), who attended this birth.....is deceased.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Elizabeth Day Triplett
.....Signature
Weiser, Idaho.....P. O. Address

Subscribed and sworn to before me this 9th day of June, 19 42
(SEAL) F. A. Lloyd Notary Public, residing at Weiser, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 10 1942 by..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-111 019-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348278
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Lost River
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN THIS county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Lost River
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Lost River, Ida.

4. FULL NAME OF CHILD LEO B. F. JENKINS

5. Date of Birth of Child (Month, day, year) Aug. 11, 1886.

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME GEORGE WASHINGTON JENKINS
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Egypt (City or town) Illinois (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLIAN SHEA
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 56 years, and that Mrs. Henry (First name) Winters (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Jenkins ..... Signature
2545 Fourth Street, Baker, Oregon. ..... P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.

(SEAL) Carolyn L. Rolling ..... Notary Public, residing at Baker, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires: May 28th, 1945.

Received for filing on JUN 16 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

538-118-035-251

348497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City MOSCOW
(c) Street Address or R.F.D. No. 3½ miles from P.O.
(d) Name of Hospital or Maternity Home: On ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years Not Known months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Moscow
(d) Street Address or R.F.D. No. 3½ miles from P.O.
(e) How long has **MOTHER** lived in Idaho unknown yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD LEWIS WEBLEY ELYEA

5. Date of Birth of Child (Month, day, year) May 18, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy unknown

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willard Avery Elyea
11. Color or Race White
12. Age at time of THIS birth over 40 yrs.
13. Birthplace La Port (City or town) Indiana U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Beaven
17. Color or Race White
18. Age at time of THIS birth over 30 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 56 years, and that unknown (First name) Dr. Sanders (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E. Beaven
Signature

3850 Fairmount Ave., San Diego, Calif.
P.O. Address

Subscribed and sworn to before me this 3rd day of June, 19 42

(SEAL) ..... Notary Public, residing at San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Jan. 18, 1945.

Received for filing on MAY 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819115001693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348544
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or ~~R.F.D. No.~~ 9th + Bannock
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Harmon

5. Date of Birth (Month, day year) Dec. 15/1886

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Harmon
11. Color or Race White **12.** Age at time of THIS birth 54 yrs.
13. Birthplace Warren (City or town) Ohio (State or foreign country)
14. Exact Occupation Dairying
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Willis
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 19 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature — M.D. (D.O., Midwife, etc.)
and address — Date

State of Oregon
County of Josephine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Arthur C. Chinn, being first duly sworn, say that I am Related (Related to (or) acquainted with) John Harmon (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Smith (Name of attendant at birth), who attended said birth ..... (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES APR. 2 1943

Arthur C. Chinn Signature
610 W. 28th St. Nor. Wash. P. O. Address

Subscribed and sworn to before me on this 17 day of June 1942
(SEAL) Oscar M. Shepherd, Notary Public, residing at 614-H St. Grants Pass, Ore.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494-11-7029-792

349636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Taney P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Taney P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Taney P.O., Idaho

4. FULL NAME OF CHILD John Gibson Drury

5. Date of Birth of Child (Month, day, year) Jan. 17, 1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rodney Philo Drury
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Highgate (City or town) Vermont (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Belle Gibson
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Murray (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 56 years, and that Mrs. A. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Belle Drury Signature
406 S. Jefferson, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of June, 1942
(SEAL) HARRY A. THATCHER, Ex-officio Auditor and Recorder
By Bessie Porter Deputy Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 214 029 812

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 349641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. IN THIS county 15 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 1st st.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Moscow Idaho

3. RESIDENCE of FATHER (city, state) Moscow Ida.

4. FULL NAME OF CHILD Nellie Isabelle Blake.

5. Date of Birth (Month, day year) Mar 14 - 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Henry B. Blake M. D.	16. FULL MAIDEN NAME Margret Isabelle Haskins
11. Color or Race White 12. Age at time of THIS birth 38 yrs.	17. Color or Race White 18. Age at time of THIS birth 28 yrs
13. Birthplace (City or town) London (State or foreign country) England.	19. Birthplace (City or town) Iowa. (State or foreign country)
14. Exact Occupation Surgeon + Physician.	20. Exact Occupation Housewife.
15. Industry or Business	21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 22 1942 (Date received) (b) Mabel Kyeller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nella Smith Lieualleu being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Nellie Isabelle Blake Summerfield (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. B. Blake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nella Smith Lieualleu. Signature
207½ S. Main st Moscow Idaho. P. O. Address

Subscribed and sworn to before me on this 8 day of June 1943

(SEAL) Harry A. Thatcher County Auditor and Recorder ~~Notary Public~~, residing at
By Bessie Babcock Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

365-113-025-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **349773**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address: Grangeville, Idaho
3. **RESIDENCE OF FATHER** (city, state): Same

4. **FULL NAME OF CHILD:** Alvin Fred CONE
5. Date of Birth (Month, day, year): Feb. 13, 1886
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Charles Pierce Cone
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: New Hampshire (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Belle Jones
17. Color or Race: White
18. Age at time of THIS birth: 23 years
19. Birthplace: Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Dont know
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 22 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address — Date

State of: Idaho
County of: Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Belle Cone, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alvin Fred Cone (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Belle Cone — Name

Grangeville, Idaho — P. O. Address

Subscribed and sworn to before me on this 18th day of June 1942

(SEAL) [signature] Notary Public, residing at Grangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433/[redacted]035-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349956
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perces (b) City Cameron, P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perces
(c) City Cameron, Post Office
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Cameron, Idaho

4. FULL NAME OF CHILD Edward Blackinton Utter

5. Date of Birth of Child (Month, day, year) May 8, 1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Frank Bani Utter
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Williams Iowa (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah J. Blackinton
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Rockford Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 56 years, and that mid-wife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank A Utter Signature
8630 So Tacoma Way - Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942.
(SEAL) Eva Willer Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mabel E. Lyon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639 102-045-469

349964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years two months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida.

4. FULL NAME OF CHILD Earl William Oliver

5. Date of Birth of Child (Month, day, year) Dec. 2, 1886.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Seth Hawes Oliver
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Cheshire (City or town) Michigan (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General Merchandise Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ione Evelyn Morfitt
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malheur (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 55 years, and that all persons (First name) (Last name), who attended this birth are deceased or cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W Oliver Signature
415 N. Johnson, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942.

(SEAL) L. Swanson Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing JUN 2 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-116-032-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

4. FULL NAME OF CHILD Hal Albert West

5. Date of Birth of Child (Month, day, year) Nov. 16 1886

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Hugh West
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Surveyor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Walgamott
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Burningham (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 56 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nettie Walgamott West Signature
P. O. Address

Subscribed and sworn to before me this 24 day of June, 19 42
(SEAL) Nathan J. Sebo Notary Public, residing at Inglewood Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mary E. Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Vital Statistics Regs. Sept. 11, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-203004-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350053
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ovid, Idaho

4. FULL NAME OF CHILD Annie Maria Lauridsen

5. Date of Birth of Child (Month, day, year) 12/3/1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Lauridsen
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Darum, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Catherine Jensen
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Bear Lake, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for all her life years, and that Mary Larsen (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Lauridsen Signature
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42.

(SEAL) Chas Edwards Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350129

United States 1942 (Be sure the information is as of date of birth of THIS child) State File No. 350129
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Idaho City
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Idaho City
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho - Idaho City

4. FULL NAME OF CHILD Andrew Jackson Ritchie

5. Date of Birth of Child (Month, day, year) Aug 12 - 1881

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John Ritchie	**16. FULL MAIDEN NAME** Cecelia Burwash
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.	**17.** Color or Race White **18.** Age at time of THIS birth 40 yrs.
13. Birthplace Canada (City or town) (State or foreign country)	**19.** Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Miner	**20.** Exact Occupation Housewife
15. Industry or Business	**21.** Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 56 years, and that Dr. J. P. Decker (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecelia Jane Sailor Signature
1212 Lincoln Ave. Boise, Ida. P. O. Address

Subscribed and sworn to before me this 2 day of July, 1942
(SEAL) W. B. Fry Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350130

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350130
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Camas (b) City: Soldier
(c) Street Address or R.F.D. No.: X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Camas
(c) City: Soldier
(d) Street Address or R.F.D. No.: X
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Sun Valley - Soldier

4. FULL NAME OF CHILD Mary Bauer

5. Date of Birth of Child (Month, day, year) March 28 - 1888

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Bauer
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Pauline Johnson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 54 years, and that Mrs Paddock (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary P Bauer Signature
316 Blank St Boise Ida P. O. Address

Subscribed and sworn to before me this 2 day of July, 1942

(SEAL) W B Foy Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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619 102 035-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350135**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Leland, Idaho.

4. FULL NAME OF CHILD Frandh Ward

5. Date of Birth of Child (Month, day, year) May 2, 1886

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd x **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ben Ward
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Near Elkins (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Meta Dorothea Wessels
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Near Batavia, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that no doctor in attendance (First name) (Last name), who attended this birth none in attendance (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Meta Dorothea Ward Signature
Route #2, Clarkston, Washington. P. O. Address

Subscribed and sworn to before me this 16th day of June, 19~~41~~ 42.
(SEAL) PHILIP WEISGERBER, Clerk of District Court, Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By [illegible] Deputy

Received for filing on JUN 26 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 381 221 022 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350228
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD MARY JANE CHAPMAN

5. Date of Birth of Child (Month, day, year) Aug. 21, 1886

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Chapman
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Bathgate (City or town) Scotland (State or foreign country)
14. Exact Occupation Boiler Washer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Millicent Holden
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Mill's End, (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 57 years, and that Mary (First name) Holden (Last name) who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Millicent Chapman Signature
P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942
(SEAL) Louie Felt Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel Felt, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 115-029 362

350449

350449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City GENESEE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City GENESEE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MATHEW PAUL TONNING

5. Date of Birth of Child (Month, day, year) 3 15 1886

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JACOB PAUL TONNING
11. Color or Race WHITE **12.** Age at time of THIS birth 39 yrs.
13. Birthplace ALSUND (City or town) NORWAY (State or foreign country)
14. Exact Occupation RAIL ROAD EMPLOYEE
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MATTIE MARIE TOSKEY
17. Color or Race WHITE **18.** Age at time of THIS birth 39 yrs.
19. Birthplace BERGEN (City or town) NORWAY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 50 years, and that Dr Not known Mrs. [redacted] Mid. Wife (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Matilda Langley Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of July, 1942

(SEAL) [illegible] Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 13, 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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696-131-014-799

350525

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 5 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Elijah Frost

5. Date of Birth of Child (Month, day, year) Jan 31, 1886

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eliyah Frost
11. Color or Race White **12.** Age at time of THIS birth 66 yrs.
13. Birthplace Nashville (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Price Frost
17. Color or Race White **18.** Age at time of THIS birth 46 yrs.
19. Birthplace Forsyth (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 66 years, and that Mrs B. F. (First name) Morrow (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Frost Dornall Signature
11488 Huston St N. Hollywood P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942
(SEAL) Myrtle C. Quinenberry Notary Public, residing at No. Hollywood - Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-122-029-168

350810

350810

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Country Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Ingle Matthew Halvorson

5. Date of Birth of Child (Month, day, year) August 22, 1886

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Halvorson
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Land (City or town) Norway (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inga Johnson
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Oslo (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the relative - (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 55 years, and that Mrs. Finson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Engel G. Swenson Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June, 19 42.
(SEAL) D. W. Burr Notary Public, residing at Genesee, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by Maurl F. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-123-235-385 350855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350855
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NezPerce (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Henry H. Hafer

5. Date of Birth of Child (Month, day, year) June 23-1886

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Jacob Hafer
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer-Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Louise Lynd
17. Color or Race wht
18. Age at time of THIS birth 27 yrs.
19. Birthplace unknown (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Ferry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years years, and that Doctor (name not known) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. A. Wiseman — Signature
Republic Wash — P. O. Address

Subscribed and sworn to before me this 3 day of July, 1942

(SEAL) Hazel B. Farris Notary Public, residing at Republic Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1942 by Mabel H. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-227-029-845

350901

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City (near Moscow)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in own home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Near Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Near Moscow, Idaho

4. FULL NAME OF CHILD Lulu Alice Caldwell

5. Date of Birth of Child (Month, day, year) Feb. 27, 1886

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Williamson Caldwell
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Amity (City or town), Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabel Queener
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Carthage (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

Executed in the presente of
Orion Nattenburg WITNESS
Umatilla, Oregon.
Ardella Tucker WITNESS
Umatilla, Oregon.
Isabel Queener Caldwell is blind and signed by X

None used at that time.

luding this child 4 (b) Born alive and now living 9

TIFICATE

who was ... at ... M. on the date
(Born alive, stillborn)
re furnished by ... (First name) ... (Last name), who is
ddress Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 56 years, and that Dr. Graham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Isabel Queener Caldwell Signature
Umatilla, Oregon. P. O. Address

Subscribed and sworn to before me this 17th day of June, 19 42.
(SEAL) Thomas R. Duchres Notary Public, residing at Umatilla, Oregon.
NOTARY PUBLIC FOR OREGON
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) COMMISSION EXPIRES DEC. 27, 19

Received for filing on JUL 9 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-112-029-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351246
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) Nearest town
(a) County Latah (b) City Palouse, Wn.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co Idaho

4. FULL NAME OF CHILD Frederick Preston Hunter

5. Date of Birth of Child (Month, day, year) Nov. 12, 1886

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Miller Hunter
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Emerson (City or town) Iowa (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Celia Lynd
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Washington (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of District of
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 55 years, and that Dr. (First name) Williams (Last name), who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Byron Hunter Signature
1327 Upshur St. N.W. Wash. D.C. P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942
(SEAL) L. L. Stead Notary Public, residing at Wash., D.C.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mark H. Anderson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1956
AUG 2 1973
JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-109-045344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352310
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Bellview
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Bellview
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Bellview, Ida.

4. FULL NAME OF CHILD Jesse Carmackel Freeman

5. Date of Birth of Child (Month, day, year) July 9, 1886

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Ashley Freeman
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Terre Haute, Indiana (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Silver miner

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Cumpton
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Burlington, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Josephine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 56 years, and that Dr. Wheeler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Spicer Signature ×
625 So. 9th St. Grants Pass, Oregon P.O. Address

Subscribed and sworn to before me this 16th day of July, 19 42.
(SEAL) Evelyn Steele Notary Public, residing at Grants Pass, Orego
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires November 6, 1944.

Received for filing on JUL 18 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-208028 315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352812
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Ida Gertrude Cary

5. Date of Birth of Child (Month, day, year) Feb 8, 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Cary
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Willamet Valley, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Jane Lang
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Oshawa, Canada. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 56 years, and that Dr. Masterson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Jane Gillaspie Signature
Priest River, Idaho. P. O. Address

Subscribed and sworn to before me this 21st day of July, 1942

(SEAL) Rioka M. Lean Notary Public, residing at Priest River, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212 218001-259

353008

United States AUG 12 1942 (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353008
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Elsie Josephine Bass

5. Date of Birth of Child (Month, day, year): 3-18-86

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Ezekiel Thomas Bass
11. Color or Race: white
12. Age at time of THIS birth: 40 yrs.
13. Birthplace: Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Sarah Jane Keith
17. Color or Race: white
18. Age at time of THIS birth: 38 yrs.
19. Birthplace: Springfield (City or town) Mo. (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 55 years, and that Dr Isham (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Rogers — Signature
Parma, Idaho. — P. O. Address

Subscribed and sworn to before me this 7th day of July, 1942

(SEAL) Notary Public, residing at Nampa, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mark H. Elden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-125001897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353067
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Robert Ephraim Henderson

5. Date of Birth of Child (Month, day, year) Sept 25 1886

6. Sex Male **7.** Twin or Triplet . If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Henderson
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Stock man

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Hughes
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Terre Haute Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Henderson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

(Deceased)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half-Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 56 years, and that Dr. Robert Henderson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Eddy Signature
Kingston P. O. Address

Subscribed and sworn to before me this 10 day of April, 19 42
(SEAL) Maude Joyce Notary Public, residing at Kingston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mabel Hibler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-231-004-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Dingle, Idaho

4. FULL NAME OF CHILD Anna Kunzler

5. Date of Birth of Child (Month, day, year) Dec. 31, 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Kunzler
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Sevelen, (City or town) Switzerland (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Giegier
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Beausche, (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 14. (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of (Mother, etc.) the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for All my life years, and that Dr. L. A. Hoover (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Grunig ..... Signature
Montpelier - Idaho ..... P. O. Address

Subscribed and sworn to before me this 5th day of July, 19 42

(SEAL) ..... Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-128036-897

353178

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No. Ranch 12 miles distance,
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Ranch - 12 Mile from Am. Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Harold Walker Taylor

5. Date of Birth of Child (Month, day, year) Feb. 28. 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes,

FATHER OF CHILD

10. **FULL NAME** Alfred William Taylor
11. Color ~~or Race~~ White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Harrisville - Utah, (City or town) (State or foreign country)
14. Exact Occupation Rancher & Stockgrower,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Marion Hix
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace White Oak Springs. California (City or town) (State or foreign country)
20. Exact Occupation House Wife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person ~~for~~ from birth ~~years~~, and that Mrs. Harriet Dabell (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred G. Taylor, Signature

28 No. State, Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 3 day of August, 1947

(SEAL) J. W. Bergman Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1947 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 115035445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Chancey Dunwell Smith

5. Date of Birth of Child (Month, day, year) April 15 1886

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Allen Smith
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Moosehead, Maine (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Dunwell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pierce City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 56 years, and that Dr. Kelly (First name) (Last name), who attended this birth Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur R. Haynes, Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of July, 1942

(SEAL) Frank L. Phillips Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 - 216 - 036 - 697

353583

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria, Ida.

4. FULL NAME OF CHILD Rachel Maude Thorpe

5. Date of Birth of Child (Month, day, year) March 16, 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thorpe
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Manchester, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Jane Wight
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that (Doctor) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles M. Bowen Signature
2136 Ogden Ave Ogden Utah P. O. Address

Subscribed and sworn to before me this 4th day of August, 1942

(SEAL) R. Winslow Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mark Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-231-044-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353724
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Ranch near City
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. Ranch
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD ~~Girl~~ Ethel Y Gray

5. Date of Birth of Child (Month, day, year) Oct. 31, 1886

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd #

8. No. months of Pregnacy #

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Knox Polk Gray
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Peoria, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarissa Eliz. Brassfield
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Schyler Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 55 years, and that Mrs. Eliza Shaw (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mother Clarissa Eliza Brassfield Gray Signature
611 East Main St. Weiser, Idaho. P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42
(SEAL) Lou I. Gallup Notary Public, residing at Weiser
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mabel H. Eisler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593205-D35231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353770
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Wilhelmina Maria Eichenberger

5. Date of Birth of Child (Month, day, year) May 5, 1886

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Eichenberger
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Fahrwangen (City or town), Switzerland (State or foreign country)
14. Exact Occupation Shoe merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Blatter
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Zurich (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 81 years, and that Dr. (First name) Kelley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Eichenberger, Signature

Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 10 day of August, 19 42.

(SEAL) Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-125007-445

355441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD FRANK AUGUSTUS RIGGEN

5. Date of Birth of Child (Month, day, year) March 25, 1886

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Rove Riggen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Milan (City or town) Missouri (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business general carpentry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Belle Dunbar
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Galesburg (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Mariposa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since birth years, and that Dr. M. (First name) Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. L. C. Radjenman Signature
El Portal Calif Box 10 P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942.
(SEAL) B. F. Gardner Justice of the Peace Notary Public, residing at El Portal California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mary E. Elsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-122-008-312

355640

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City, Ida.

4. FULL NAME OF CHILD John James Carrera

5. Date of Birth of Child (Month, day, year) June 22, 1886

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy — **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph Carrera
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mathilda Castinetto
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Genova, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 56 years, and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Giuseppe Castinetto Signature
4519 S. E. Lincoln St. Portland, Ore. Address

Subscribed and sworn to before me this 4th day of September, 1942

(SEAL) Geo. L. Masters My Com. Exp. 3/24/45 Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 8 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-715044 315 356077

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356077
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Near Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City 3 miles northwest of Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Olive Cornelia Anderson

5. Date of Birth of Child (Month, day, year) Jan. 15, 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace William Anderson
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Omaha, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delilah Ann Lane
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace ? (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Aaron Anderson (First name) (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 56 years, and that Mrs. Rufus Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aaron Anderson Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of September, 19 42

(SEAL) Clerk District Court ~~NOTARY PUBLIC~~, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1942 by Maurl F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1951

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

122-129 020 331

356100

356100

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Atlanta
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Atlanta
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Asa Elmer Abbott

5. Date of Birth of Child (Month, day, year) 4-29-1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Asahel Shelby Abbott
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Newspaperman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Aldora Clary
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Troy (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 56 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Lee Abbott Signature
Route 6 - Boise Idaho P. O. Address

Subscribed and sworn to before me this 14th day of September, 1942

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 Hazel Johnson Maurice F. Feldman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-103 004 892

356116

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City St Charles
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Family Dwelling
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St Charles
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John George Thompson Virgin

5. Date of Birth of Child (Month, day, year) Apr. 3, 1886

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ephi. C. Virgin
11. Color or Race white **12.** Age at time of THIS birth ....yrs.
13. Birthplace ..... England (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecily Hibbard
17. Color or Race white **18.** Age at time of THIS birth ....yrs.
19. Birthplace ..... England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that Do not know (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M W Thompson .....Signature
Rexburg, Idaho .....P. O. Address

Subscribed and sworn to before me this 16th day of September, 19 42.
(SEAL) Dave .....Notary Public, residing at Rexburg, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mark Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been ~~recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-103029-966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357126
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Id

4. FULL NAME OF CHILD Clarence Sinclair Edmundson

5. Date of Birth of Child (Month, day, year) Aug. 3, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Sinclair Edmundson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Pennsylvania. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jeannette Rowley
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace New York (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business School Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 56 years, and that Dr. Sanders (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillian Cavender Signature

P. O. Address

Subscribed and sworn to before me this 16th day of Sept. 1942

(SEAL) Nelson W. Ahlstrom Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1942 by Mary E. Lefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-213016-231

357340

United States Department of Commerce Bureau of Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home of parents
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ___ days. IN THIS county 3 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3yrs 4mo. yrs.
(f) Mother's mailing address Oakley, Idaho

3. RESIDENCE of FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Velma Jeanette Jenkins

5. Date of Birth (Month, day year) March 13 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Henry Laird Jenkins	16. FULL MAIDEN NAME Emily Stanfield
11. Color or Race White 12. Age at time of THIS birth 27 yrs.	17. Color or Race White 18. Age at time of THIS birth 28 yrs.
13. Birthplace Shotts (City or town) Scotland (State or foreign country)	19. Birthplace Freezland (City or town) England (State or foreign country)
14. Exact Occupation Farmer & Miner	20. Exact Occupation Homemaker
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) ___ (Date received) (b) Mabel Helen (Registrar's signature)
27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's OWN signature ___ M.D. (D.O., Midwife, etc.) and address ___ Date ___

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry Laird Jenkins, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Velma Jeanette Jenkins (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wells (Midwife) (Name of attendant at birth) who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henry Laird Jenkins Signature

857 Hazel Ave., San Bernardino, California P. O. Address

Subscribed and sworn to before me on this 18th day of September, 1942

(SEAL) SEP 24 1942 Notary Public, residing at San Bernardino

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

OCT 17 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

866-119-036-857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 5 1942

State File No. 357736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Rockcliff
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockcliff
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Ida.

4. FULL NAME OF CHILD LEO HOWELL

5. Date of Birth of Child (Month, day, year) Oct. 19-1886

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Howell
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Retired rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Heaton
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Willville (City or town) Utah (State or foreign country)
20. Exact Occupation Deceased since 1932
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 55 years, and that Roeanna (First name) Howell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Wal Gard Howell Signature
McCammon, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of September 19 42

(SEAL) J. F. Whitney Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-214-029-635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357870
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Genesee
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 3 years 6 months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.
(f) Mother's mailing address Genesee Idaho
3. **RESIDENCE OF FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** Laura Elisebeth Stevens
5. Date of Birth (Month, day, year) Sept 14-1886
6. Sex female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Andrew Stevens
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Jacksonville (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lesettana Olney
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Osawatomie (City or town) Kas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) OCT 10 1942 (Date received) Mark Kellin (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lesettana (Olney) Stevens, being first duly sworn, say that I am related (Related to (or) acquainted with) Laura Elizabeth Stevens (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Overseer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lesettana Stevens Name
1508 N. Pacific Ave - Kelso Wash P. O. Address

Subscribed and sworn to before me on this 6th day of December

(SEAL) ....Notary Public, residing at Kelso Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

945-210-001-291 358146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358146
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Johnson House
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Johnson House
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD MABEL ELIZABETH RUNYAN

5. Date of Birth of Child (Month, day, year) May 10, 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES FRANKLIN RUNYAN
11. Color or Race WHITE 12. Age at time of THIS birth 42 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer and Teamster
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET ELLEN BRANNAN
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace OHIO (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 56 years, and that Dr. Dubois (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella A. Treat Signature

Route 4 - Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 194[illegible]

(SEAL) Marion E. Ow Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mary [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23/-221-021-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359360
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (City, state) Franklin, Idaho.

4. FULL NAME OF CHILD Genevieve Stalker

5. Date of Birth of Child (Month, day, year) Aug. 21. 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Warren Wallace Stalker.
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace American Fork, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Kelly Stalker.
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Springville, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 56 years, and that Jane Woodward (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Stalker Carraday Signature
2148 N.E. Halsey P. O. Address

Subscribed and sworn to before me this 17th day of October, 1942

(SEAL) W. E. Whiteside Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-123-044-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359646
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Ida

4. FULL NAME OF CHILD William Daniel Keithley

5. Date of Birth of Child (Month, day, year) May 23 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Daniel Keithley
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Browning (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Sarepta Evans
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mercer County (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 56 years, and that Griffin (First name) Keithly (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Sarepta Evans Keithley Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1942

(SEAL) J. T. Goodwright Notary Public, residing at Midvale Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel L. Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959129003 766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: at least
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BANNOCK
(c) City McCAMMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD DONALD DUNCAN Reid

5. Date of Birth of Child (Month, day, year) 1-29-1886

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAMES Reid
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Providence, Rhode Island (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ISABELL Goodenough
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace WINNEMUCCA NEVADA (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 56 years, and that Mary E Goodenough (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Reid Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of November, 1940

(SEAL) Geo. W. Cushman Notary Public, residing at Firth

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-105021-469

United States
Department of Commerce
Bureau of the Census

NOV 7 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360291
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or [redacted] No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Melvin Clayton

5. Date of Birth of Child (Month, day, year) Sept. 5 1886

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st born 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Clayton
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Morrison
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Silver Creek (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that Matilda Lund (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. Thos Clayton Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this Nov 14 day of 19 42

(SEAL) E. Anderson Notary Public, residing at Preston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission expires Feb 2, 1944

Received for filing on NOV 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-223019 691

360327

United States
Department of Commerce
Bureau of Census

NOV 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Huston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 4 mnt days.
IN **THIS** county years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Huston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Bertha Ellen Franklin
5. Date of Birth (Month, day year) Nov. 23 1886
6. Sex girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jacob Manning Franklin
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Renown (City or town) NC (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Elizabeth Smith
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Moline (City or town) Ill. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Nov. 23 1886 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 19 1942 (Date received) (b) Mary E Franklin (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address
Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E Franklin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Bertha Ellen Franklin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birt (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mary E Franklin Signature
P. O. Address

Subscribed and sworn to before me on this 13th day of November 1942
(SEAL) H. W. Vandenwood Notary Public, residing at Blackfoot, Idaho
my commission expires Feb. 15th 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct [illegible] in the premises.

415-226-008-719

360392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Josephine Alberta Mann

5. Date of Birth of Child (Month, day, year) 2/26/1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Louis Mann
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Garrecht
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 56 years, and that Dr Herman Zipf (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. Garrecht Signature

Idaho City, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of October 1942

(SEAL) Jackson M Logan Notary Public, residing at Boise Co. Idaho. Expires

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1942 by Mabel Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-217-008-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361494
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City, Ida

4. FULL NAME OF CHILD Catherine Pauline Traverso

5. Date of Birth of Child (Month, day, year) Sept. 17, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Traverso
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Genoa, Italy (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathalena Castanello
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Genoa, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 56 years, and that the midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

4519 S.E. Lincoln St. Portland Ore. P. O. Address

Subscribed and sworn to before me this 7th day of November 1942

(SEAL) Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-121-04K-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361568
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Council Valley (b) County Washington
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Council Valley Idaho

4. FULL NAME OF CHILD Byron Lee Linder

5. Date of Birth of Child (Month, day, year) Jan. 21, 1886

6. Sex M. 7. Twin or Triplet No If so—born 1st, 2nd, 3rd —— 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Linder
11. Color or Race White 12. Age at time of THIS birth 19 yrs.
13. Birthplace Kirksville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Jane Groodlow
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 56 years, and that Hannah Dodge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Jane Groodlow Linder Signature
Nespelem Washington P. O. Address

Subscribed and sworn to before me this 4th day of November 1942

(SEAL) Monica J. Gray Notary Public, residing at Nespelem Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-10 B-006-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361667
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Eagle Rock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Edward Marker

5. Date of Birth of Child (Month, day, year) Dec. 8, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Marker
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Spanish Fork, (City or town) Utah (State or foreign country)
14. Exact Occupation Retail Merchant
15. Industry or Business Music and Stationery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Larsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Maroni, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 56 years, and that Mrs. (First name) West (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Marker Signature
430 Cliff St., Idaho Falls, Idaho P. O. Address

My Commission Expires June 26th, 1943.

Subscribed and sworn to before me this 19th day of November, 1942

(SEAL) Myrtle N. Hansen Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-227-001-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361680
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 9 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Alpha Margaret Schindler

5. Date of Birth of Child (Month, day, year): Nov 27, 1886

6. Sex: Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Adam Schindler
11. Color or Race: White **12.** Age at time of THIS birth: 53 yrs.
13. Birthplace: Pittsburg (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Agnes Rosalie Lucas
17. Color or Race: White **18.** Age at time of THIS birth: 36 yrs.
19. Birthplace: Illinois (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ an acquaintance ~~of~~ (Mother, etc.) the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for over 55 years, and that Frederick S Kohler (First name) (Last name), who attended this birth ~~is~~ now deceased (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Bell Nielsen — Signature
Homedale Idaho — P. O. Address

Subscribed and sworn to before me this 24 day of October, 1942

(SEAL) Sheila Sanderson — Notary Public, residing at Payette, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on NOV 30 1942 by Merl E. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-209-04-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361762
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** Lulu Myrtle Thompson

5. Date of Birth of Child (Month, day, year) March 9-1886

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Thomas Thompson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline Maria Van Dyke
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Michigan (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2-30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Florence Brendle (First name) (Last name) who is related to this child as Sister. (Mother, etc.)

25. Attendant's **OWN** signature Florence Brendle M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 50 years, and that Mrs. Luhry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
My Commission Expires June 4, 1943

Florence Brendle Signature
P. O. Address

Subscribed and sworn to before me this 28th day of November, 19 42

(SEAL) A. C. Portland Notary Public, residing at Oregon City, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel Hedefine, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-131-025-296

361851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361851
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence in country
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Norman Brown Adkison

5. Date of Birth of Child (Month, day, year) March 31, 1886

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Riley Adkison
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Stearns Brown
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Elkton (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett S. Adkison Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of Sept, 1942

(SEAL) Frances McGenna Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mabel Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-128-235-752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361940
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Territory of Idaho (b) County Nez Perce
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3mos.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida

4. FULL NAME OF CHILD Bernard Theodore Lorang

5. Date of Birth of Child (Month, day, year) June 28, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Lorang
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Johnsburg, Wisconsin, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Anna Gesellchen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mt. Calvary, Wisconsin, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 56 years, and that Anna Marie Lorang (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Smalt
Signature

Walnut Street, Genesee, Idaho
P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1942

(SEAL) [illegible] Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-102-016-419

361948

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Ida

4. FULL NAME OF CHILD James William Dayley

5. Date of Birth of Child (Month, day, year) Oct 2, 1886

6. Sex M

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elisha Brouson Dayley
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lydia Martindale
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grantsville Utah (City or town) (State or foreign country)
20. Exact Occupation Home Keeper
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Own Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 56 years, and that Dercas Severe (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Critchfield Signature
Oakley Ida P. O. Address

Subscribed and sworn to before me this 3 day of Dec, 1942

(SEAL) Earl Whiteley Notary Public, residing at Oakley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp 3/15/1944

Received for filing on DEC 5 1942 by Mark Yeates, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942
DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-225-036-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361994
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEDIA (b) City MALAD-CITY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN-AT-HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEDIA
(c) City MALAD CITY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) MALAD-CITY IDAHO

4. **FULL NAME OF CHILD** ELEANOR-MARGERT-JONES
5. Date of Birth of Child (Month, day, year) April 25, 1896
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** DANIEL-E-JONES
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) WALES (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business - Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZZIE BETH H RICHARDS
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace OGDEN (City or town) - UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) HRichards (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the relative (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 56 years, and that Mary Stuart (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E E Richards Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 42

(SEAL) Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251-129-023-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363485
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County GEM (b) City OLA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County GEM
(c) City OLA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) OLA, IDAHO

4. FULL NAME OF CHILD WILFORD WARREN ROSS BEAIL

5. Date of Birth of Child (Month, day, year) JULY 29, 1886

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME WILLIAM J. BEAIL
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace MERCER COUNTY, ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME CARRIE Schaumleffel
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace ST CLAIRE CO., ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum PROBABLY NONE USED

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of KITITAS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 56 years, and that SOPHIA BEAIL (First name) (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Beail Signature
BOX 143 - THORP - WASH P. O. Address

Subscribed and sworn to before me this 22 day of DECEMBER 1942

(SEAL) Joe B Brown Notary Public residing at
CLERK OF THE SUPERIOR COURT
KITTITAS COUNTY, WASHINGTON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel H Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1942

JUN 19 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-211010-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363661
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
Born at parent's home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho.

4. FULL NAME OF CHILD Katherine Park Dunlop

5. Date of Birth of Child (Month, day, year) July 11th, 1886

6. Sex female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles M. Dunlop
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Urbana (City or town) Illinois (State or foreign country)
14. Exact Occupation Railroad shop foreman
15. Industry or Business Railroad,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Barrett,
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Essex (City or town) England (State or foreign country)
20. Exact Occupation Nurse & Housewife
21. Industry or Business Nurse.

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown,

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 56 years, and that unknown (First name) Davis, M.D. (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma B. Davis Signature

29 E. 1st N. St. Preston, Idaho, P. O. Address

Subscribed and sworn to before me this 11th day of December, 1942.

(SEAL) P. J. Evans Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-112016-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363683
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City near Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City near Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Idaho

4. FULL NAME OF CHILD John Edward McCoy

5. Date of Birth of Child (Month, day, year) Feb. 12, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Nuton McCoy
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Lynn Co. Oregon (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Walton
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Eliza (First name) McCoy (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 56 years, and that Elizabeth (First name) McCoy (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward McCoy — Signature
Jewell, Ore. — P. O. Address

Subscribed and sworn to before me this 4 day of January, 1943

(SEAL) Floyd H. Reth — Notary Public, residing at Astoria Ore.
Commission Expires Dec. 4, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mark H. Cuffel, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755 223 035 113

363745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363745
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City near Lewiston
(c) ~~Street Address~~ or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: At home in rural district.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Rural District near Lewiston
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) 1 yr.

4. FULL NAME OF CHILD DELTA PENDERGAST

5. Date of Birth of Child (Month, day, year) December 23, 1886

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Bernard Pendergast
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace New Brunswick, Canada. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Mabel Jackson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Point Arena, California. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

ATTENDING MIDWIFE UNKNOWN

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 48 years, and that Name of Midwife unknown (First name) (Last name), who attended this birth would be deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hugh W Pendergast Signature
235 Arkansas St - Vallejo Calif P. O. Address

Subscribed and sworn to before me this 23 day of December, 1942

(SEAL) John Sandeen Notary Public, residing at Vallejo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Jan. 29, 1946

Received for filing on JAN 8 1943 by Vivian F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-128001-495 363767

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 807 Grove St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 807 Grove St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Raymond Howard Moore

5. Date of Birth of Child (Month, day, year) Feb. 28, 1886

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher W. Moore
11. Color or Race White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Toronto, Canada (City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Minear
17. Color or Race White 18. Age at time of THIS birth 47 yrs.
19. Birthplace St. George Tucker County, W. Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 56 years, and that do not remember (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fanny Moore Cunningham — Signature

1109 Warm Springs Ave., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 43.

(SEAL) Wm. B. Benson Notary Public, residing at Meridian, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1943 by Mark F. Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943
JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-214044-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367791
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Mabel Gertrude Cope

5. Date of Birth of Child (Month, day, year) Oct. 14, 1886

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Benjamin Cope
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Shelby County, Ohio (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business livery Stable

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Campbell
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Chillicothe, Missouri. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 55 years, and that Eliza Shaw (First name) (Last name), who attended this birth is now deseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Canary Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942
(SEAL) E. B. Lloyd Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-230 035-845

363804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years 2 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida

4. FULL NAME OF CHILD Pauline Ann Lewis

5. Date of Birth of Child (Month, day, year) Dec. 30, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Henry Lewis
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Independence (City or town) Oregon (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Quesner
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salo (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-five years of age, that I have known this person for 56 years, and that Amra Abbie Hubert (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Lewis Signature

Omak Washington P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943

(SEAL) E. D. Ebey Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mark Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 230 016 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363806
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: own residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Albion, Idaho

3. RESIDENCE of FATHER (city, state): Albion, Idaho

4. FULL NAME OF CHILD Ida Sarah Potter

5. Date of Birth (Month, day, year) August 30 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Heber Carlos Potter
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Springfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Deserette Hoffines
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 9 1943 (Date received) (b) Mary Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna E. Robbins, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ida Sarah Potter (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose ~~birth certificate~~ appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna E. Robbins Signature
261-7th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of January 1943

(SEAL) N. B. Shallenberger Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-11-7016-763

363969

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Idaho

4. FULL NAME OF CHILD Franklin Otto Robbins

5. Date of Birth of Child (Month, day, year) Jan. 17, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin S. Robbins
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Emmaline Potter
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 56 years, and that The Doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E. Robbins Signature

361-7th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of January, 1943

(SEAL) M. L. Shatswell Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mark Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 127-022-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364072
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Near-St. Anthony
(c) Street Address or R.F.D. No. — None —
(d) Name of Hospital or Maternity Home: — None —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Near- St. Anthony
(d) Street Address or R.F.D. No. — None —
(e) How long has **MOTHER** lived in Idaho? 1/6 yrs.
3. RESIDENCE OF FATHER (city, state) Near St. Anthony Ida

4. FULL NAME OF CHILD ELIAS STODDARD
5. Date of Birth of Child (Month, day, year) July 27, 1886
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Judson Lyman Stoddard
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace St. Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation — Farming —
15. Industry or Business Husbandry

MOTHER OF CHILD
16. FULL MAIDEN NAME Alice M. Cotteral
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum — None —
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — 79 — years of age, that I have known this person for 56 years, and that Eliza Anne Parker (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Stoddard — Signature
1079-28th St. Oakland, Calif. — P. O. Address

Subscribed and sworn to before me this 12 day of January 1943.
(SEAL) Geo W. Schaefer — Notary Public, residing at Alameda
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-119045-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365266
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Altamas (b) City Ranch
(c) Street Address or R.F.D. No. Ranch
(d) Name of Hospital or Maternity Home: Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ALTMAS.
(c) City RANCH
(d) Street Address or R.F.D. No. RANCH
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) RANCH-IDAHO

4. FULL NAME OF CHILD Ross STERLING WORDEN

5. Date of Birth of Child (Month, day, year) Dec 19-1886

6. Sex MALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy — **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME NATHANIEL PRENTISS WORDEN
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace PAYWIN (City or town) UTAH (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN TAYLOR
17. Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Ogden Valley (City or town) Utah (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 6 ~~P~~M. on the date and at the place stated above, and that personal particulars were furnished by MARY ANN TAYLOR (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mrs Martin Johnson ~~M.D.~~ Midwife Address Deceased Date Unknown

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 56 years, and that Mrs Martin Johnson (First name) (Last name), who attended this birth is ~~now~~ deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Phillips Signature
(formerly Mary Ann Worden) P. O. Address

Subscribed and sworn to before me this 25th day of August, 1942

(SEAL) Lenna A Lucke Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-210-004-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365636
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Fish Haven Ida.

4. FULL NAME OF CHILD Inez Jane Stock [redacted]

5. Date of Birth of Child (Month, day, year) 9/10, 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Stock
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susanna Nelson
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Ephraim (First name) Stock (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 56 years, and that Martha (First name) Shirley (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ephraim Stock Signature

My Commission expires October 6, 1946

Grand Junction Colo P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1943

(SEAL) Howard A. Stewart Notary Public, residing at Fruita, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary F. Gilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365756
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Orofino, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ✗ years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Orofino, Idaho

4. FULL NAME OF CHILD Orofino Frances Gray

5. Date of Birth of Child (Month, day, year) January 11 - 1886

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo Herrick Gray
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Greenfield (City or town) Maine (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber-Mills

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Carcilla Baker
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Newcastle (City or town) Newbrunswick (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ✗ ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 56 years, and that I am unknown Name (First name) (Last name) who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. E. Gray ..... Signature
Enterprise Washington ..... P. O. Address

Subscribed and sworn to before me this 6 day of February 1943
(SEAL) Albert F. Mitchell Notary Public, residing at Waterville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

(Newcastle)

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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873 113 036 553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365807
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City St. John
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City St. John
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state St John, Ida

4. FULL NAME OF CHILD David Hill

5. Date of Birth of Child (Month, day, year) May 13, 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matthew Hill
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Nelson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 56 years, and that Mary Ann Dudley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thos Hill Signature

R. F. D. #1 Malad, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of February, 1943

(SEAL) Bill Hallis Probate Judge ~~Notary Public~~ residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-219 036-753

United States
Department of Commerce
Bureau of the Census

FEB 12 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Annis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Annis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Annis, Ida

4. FULL NAME OF CHILD Annie Janette Olson

5. Date of Birth of Child (Month, day, year) 9/19/1886

6. Sex: female

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sareene Olson
11. Color or Race: white
12. Age at time of THIS birth: 49 yrs.
13. Birthplace: Island of Zeeland (City or town), Denmark (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Peterson
17. Color or Race: white
18. Age at time of THIS birth: 44 yrs.
19. Birthplace: Kristenstad (City or town), Sweden (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: dont know

23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 56 years, and that Melvina Carr (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Alma Olson — Signature
Alma Olson.
Glendora, Route 1, California — P. O. Address

My Commission Expires June 15, 1946

Subscribed and sworn to before me this 15th day of Jan. 1943

(SEAL) Harry H. Sellers — Notary Public, residing at Glendora, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951-122-004-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365972
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Dingle, Idaho.

4. FULL NAME OF CHILD William Wesley Crockett Ream

5. Date of Birth of Child (Month, day, year) Aug 22. 1886.

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Dewine Ream.
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Chariton (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer and Stock raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Ellen Crockett.
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nora E. Ream (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Calif.
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 56 5/12 years, and that Jane (First name) Sparks (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ellen Crockett Ream Signature
929 Gaviota Ave. Long Beach California P. O. Address

My Commission Expires June 10, 1946

Subscribed and sworn to before me this 13 day of February, 1943

(SEAL) Bertha L. Eldridge Notary Public, residing at Long Beach
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) R. A. B. Ecclis.

Received for filing on FEB 18 1943 by Mary F. Eckers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-130-004-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366080
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county - years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Franklin Edward Norton

5. Date of Birth of Child (Month, day, year) June 30, 1886.

6. Sex male

7. Twin or Triplet - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklin Edward Norton
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Newton, Conn. (City or town) (State or foreign country)
14. Exact Occupation Horse trader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvria Jane Campbell
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake Co. Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 56 years, and that an unknown midwife (First name) (Last name), who attended this birth, cannot be located; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rosadelia Thompson Signature

Missoula, Montana, 401 So. 1st West. P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 43

(SEAL) Joseph L. Arnold Notary Public, residing at Missoula, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1943 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714 104 029 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367406
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. Route
(d) Name of Hospital or Maternity Home: ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. Route
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Arthur Leonard Pauls

5. Date of Birth of Child (Month, day, year) December 4, 1886

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Pauls
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Olson
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 56 years, and that midwife, Mrs. Henry Hansen (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emily Pauls Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1943

(SEAL) M F Gray Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Maud E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

NOV 13 1985

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-124-039-967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Wilbur Adrian Gano

5. Date of Birth of Child (Month, day, year) Jan. 24 1886

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Warren Daniel Gano
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice M. Rogers
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of family (Mother, etc.) the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 57 years, and that Dr. Blake (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Robbs Signature

Nampa Ida R2 P. O. Address

Subscribed and sworn to before me this 2 day of March, 1943

(SEAL) O M Lang Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 - 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-207-016-144

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR - 8 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367581
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-9 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Ida

4. FULL NAME OF CHILD Florence W. McMurray

5. Date of Birth of Child (Month, day, year) Feb 7. 1886

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles McMurray
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wellsville Utah (City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth [illegible]
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grantsville Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 57 years, and that Jenet Whittle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth McMurray Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 27 day of February, 1943

(SEAL) C. S. Larson Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Received for filing on MAR 9 - 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1977

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-217-007-248

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367614
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Ida.

4. FULL NAME OF CHILD Edna Irene Wrencher

5. Date of Birth of Child (Month, day, year) Mar 17, 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Alfred Wrencher
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Brooklyn (City or town) New York (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hester Smyth
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Chatham (City or town) Ont. Canada (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ no relation (Mother, etc.) to of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that Mrs Nichols (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian M Warr Signature
Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of March, 1943

(SEAL) R. H. McCoy Notary Public, residing at Hailey, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mary E. Colgan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

JAN 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-220-016-331

367797

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Maude Lenora Rice

5. Date of Birth of Child (Month, day, year) June 20, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William K. Rice
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher and Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada C. Clawson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Draperville (City or town) Utah (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at night M. on the date and at the place stated above, and that personal particulars were furnished by me (First name) (Last name), who is related to this child as my sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Ada Payne Hollister Calif. Date May 9-1943

State of California
County of San Benito } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 56 years, and that I believe his name was Sullivan (First name) (Last name), who attended this birth was then about 60 to 70 years old (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Payne Signature

P. O. Address

Subscribed and sworn to before me this 9th day of March, 1943

(SEAL) Bertha Jenny Notary Public, residing at Hollister California

(Note: Perjury is punishable as a felony [illegible], Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR THE COUNTY OF SAN BENITO, STATE OF CALIFORNIA

Received for filing on MAR 17 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-218-016-452

369231 369231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At family home, at Albion, Idaho.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Ida.

4. FULL NAME OF CHILD Mae Minnie Montgomery

5. Date of Birth of Child (Month, day, year) 5-18-1886

6. Sex Female **7.** Twin or Triplet Twins If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Montgomery
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Bradford (City or town) Canada (State or foreign country)
14. Exact Occupation Furniture Business
15. Industry or Business

MOTHER OF CHILD Montgomery

16. FULL MAIDEN NAME Alice A. DeSpain
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Freeport (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 56 years, and that Mrs. (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fanny B Smith Signature
1020, 4th St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 5 day of April, 19 43.
(SEAL) Paul A. Fenn Notary Public, residing at Rupert, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1943 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-218-016 State House Boise. 369253 369232

United States Department of Commerce Bureau of the Census 271

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At family home, at Albion, Idaho.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD Minnie May Montgomery

5. Date of Birth of Child (Month, day, year) 5/18 1886

6. Sex female

7. Twin or Triplet Twin. If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? X yes

FATHER OF CHILD

10. FULL NAME George Montgomery
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Brantford, (City or town) Canada. (State or foreign country)
14. Exact Occupation Furniture Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice A. Spaine Montgomery
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Freeport (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister-in-law (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 56 years, and that Mrs. (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie May Montgomery Signature

1020, 4th. St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 5 day of April, 1943

(SEAL) Paul A. Fuller Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1945 by Mary F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-208-00p-662

369311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham Co
(c) City at this date, now Madison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Eliza Ann Taylor

5. Date of Birth of Child (Month, day, year) 5-8-1886

6. Sex Female **7.** Twin or Triplet (If so—born 1st, 2nd, 3rd) **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Taylor
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Lovell (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Emily Foster
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Saginaw (City or town) Michigan (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Riley Payn (First name) (Last name), who is related to this child as Friend (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 56 years, and that Mrs. ~~Wiley~~ (First name) Robinson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Thornton, Idaho, RFD #1 P. O. Address

Subscribed and sworn to before me this 24th day of February, 1943

(SEAL) Dill Stowell Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by Mark Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

571-122-001-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369393
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ada (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD GEORGE O. EGAN

5. Date of Birth of Child (Month, day, year) Feb. 22, 1886

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry B. Egan, Sr.
11. Color or Race White 12. Age at time of THIS birth Legal yrs.
13. Birthplace Brooklyn, New York (City or town) (State or foreign country)
14. Exact Occupation now deceased - was a
15. Industry or Business carpenter and cabinet maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Pinegar-[illegible]
17. Color or Race White 18. Age at time of THIS birth Legal yrs.
19. Birthplace Truckie, California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE Attending physician now

24. I HEREBY CERTIFY That I attended the birth of this child, who was deceased (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 57 years, and that Harry B. Egan (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry B. Egan Signature
New Sargent Hotel - Portland Ore. P. O. Address

Subscribed and sworn ~~to before~~ me this 31st day of March, 1943

(SEAL) H. C. Hanley Notary Public for Oregon residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires 4/22-44

Received for filing on APR 6 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-223-016-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369475
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Rockcreek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 11 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Cottonwood Creek
   (d) Street Address or R.F.D. No. Oakley, Ida.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Anna Elizabeth Hansen

5. Date of Birth of Child (Month, day, year) 7/23-1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Frederick Hansen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Copenhagen, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer--surveyor
15. Industry or Business Engineer, teacher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Petersen
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Stege (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 56 years, and that Mary (First name) Hansen (Last name), who attended this birth diseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christeran Petersen Signature

Hansen Rt. 2, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1943

(SEAL) Christ Jensen, Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mark H. Edger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29 1950

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1952

849-112-036-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369531
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lenard Hurst

5. Date of Birth of Child (Month, day, year) Feb 12 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John J Hurst
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francess Cooper
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Stockton Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 57 years, and that (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John P. Lundquist Signature

P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 43

(SEAL) Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mrs. Ed Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-130-016-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369688
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. on Ranch.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Ranch.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD William Franklin Hardy

5. Date of Birth of Child (Month, day, year) Sept. 30. 1886

6. Sex M. 7. Twin or Triplet single. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Read Hardy
11. Color or Race White. 12. Age at time of THIS birth 28 yrs.
13. Birthplace Grantsville (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara. Sprague.
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Grantsville (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 1 (b) Born alive and now living 1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 56 years, and that Jeanette Dailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy H. Hunsaker Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of April, 1943

(SEAL) O. Meservy, Probate Judge ~~Notary Public~~, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494-205028-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fort Coeur D'Alene City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Fort Coeur D'Alene
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Fort Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Fort Coeur D'Alene

4. FULL NAME OF CHILD Flora Emily Middleton

5. Date of Birth of Child (Month, day, year) April 5-1886.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy ? 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Edward Middleton
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace 7 Parkers St. Soho Parish London (City or town) (State or foreign country)
14. Exact Occupation Musician 2nd Infantry Band
15. Industry or Business U.S. Army

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Amanda Beam
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Rossville Ga (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Santa Clara } ss.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for over 50 years, and that the physician (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank W. Morrell, Maj Cal USA Retd Signature
440 Newell Drive, Palo Alto, California P. O. Address

Subscribed and Sworn to before me this 4 day of March, 1943

(SEAL) Notary Public, residing at Palo Alto, Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 3, 1943

Received for filing on APR 26 1943 by Maud E. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-221-033-533

United States
Department of Commerce
Bureau of the Census

APR 26 1943

(Be sure the information is as of date of birth of THIS child.)

State File No. 370839
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison ~~Jefferson~~ now (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Lewisville (b) County Madison ~~Jefferson~~ now
   (c) City Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville Idaho

4. **FULL NAME OF CHILD** Minnie Bell Jardine

5. Date of Birth of Child (Month, day, year) 21 April 1886

6. Sex Female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. ~~No. months of Pregnancy~~

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Franklin Jardine
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Scotland (City or town) Europe (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luna Caroline Ellsworth
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver solution

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 55 years, and that Martha (First name) Bryan (Last name), who attended this birth now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Lenore Kinghorn Signature
R.D 1 - Rigby - Idaho P. O. Address

Subscribed and sworn to before me this 17 day of April, 1943

(SEAL) Percy Gwynn, Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 216001-167 MAY 12 1943

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Della Mary McMullen

5. Date of Birth of Child (Month, day, year) June 16-1918

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Allen McMullen
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Lewis Creek - Oregon (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly M. Joplin McMullen
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Joplin Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for life ~~years~~, and that Dr. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Oscar Allen McMullen Signature

Route 3 Box 426 - Portland Ore. P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) Estelle Beyer Notary Public, residing at Warrenton Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Sept 30-1944

Received for filing on JAN 27 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

MAR 2 4 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-22-2010-632

372519

United States
Department of Commerce
Bureau of the Census

JUN 1 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Eagle Rock
(c) Street Address or R.F.D. No. ---(Now Ida. Falls)
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Eagle Rock (now Ida. Falls)
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Eagle Rock, Idaho

4. FULL NAME OF CHILD Mabel Virgel Allen ([redacted])

5. Date of Birth of Child (Month, day, year) Oct. 22, 1886

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy Usual

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Alansom Allen
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Racine, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Painter, U.P.R.R.Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Josephine Olsen
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Gotteberg Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.)

25. **Attendant's OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Since years, and that Do not remember (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located) birth. I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Allen Grandon (Older Sister) Signature

P.O. Box 726, Pocatello, Ida. (RFD #1) P. O. Address

Subscribed and sworn to before me this 1st day of May, 1943.

(SEAL) Rhea J. Turner Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-220-044-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 372708
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida

4. **FULL NAME OF CHILD** Ora Della Tate

5. Date of Birth of Child (Month, day, year) Feb. 20 1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Wesley Tate
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Near The Dalles (City or town) Oregon (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etna Jane Tabler
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Fillmore (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 - - - years of age, that I have known this person for since birth years, and that Rebecca Tabler (First name), mother (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness
A. Dennett
June C. Campbell

Etna Jane Stonebreaker (her mark) Signature
5842 N. Foster, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1943.

(SEAL) A. Dennett, Notary Public, residing at Portland.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Apr 19-1947

Received for filing on JUN 11 1943 by Mavel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-216-019-456

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372719
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Custer County, Ida

4. **FULL NAME OF CHILD** Melissa Josephine Lambson

5. Date of Birth of Child (Month, day, year) April 16, 1886

6. Sex f

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred B. Lambson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Eveline DeWitt
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the X Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 57 years, and that (First name) midwife Jennie Houston (Last name), who attended this birth has been dead 28 yrs. (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Alfred B. Lambson Signature

P. O. Address

Subscribed and sworn to before me this 22 day of May, 1943

(SEAL) [illegible], Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug. 1, 1945

Received for filing on JUN 11 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-107-028-846

372832

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) near
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene

4. **FULL NAME OF CHILD** Miles David Johnson

5. Date of Birth of Child (Month, day, year) 8/7/1886

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Johnson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mt. Pleasant, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Huffman
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for since birth years, and that Mrs. (First name) Laton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Johnson Signature

303 30th Ave., Seattle P. O. Address

Subscribed and sworn to before me this 10th day of June, 19 43.

(SEAL) Melvell J. Banks, Notary Public, residing at Seattle.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)

Received for filing on JUN 19 1943 by Mary E. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-209 004 852

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374052
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harriet Hoff

5. Date of Birth of Child (Month, day, year) August 9, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Jacob Hoff
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Ardelia Hess
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 56 years, and that Jeanette (First name) Tippits (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida L. Hoff Signature
361 E. 3rd N. Logan Utah P. O. Address

Subscribed and sworn to before me this 17 day of June, 1943

(SEAL) Joseph E. Hardin, Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1943 by Jean F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533 202006 225

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 374227
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. NAME ON ST.
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO TERRITORY (b) County BINGHAM
   (d) City IDAHO FALLS IDAHO
   (d) Street Address or R.F.D. No. NO NAME ON ST.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS

4. **FULL NAME OF CHILD** FLOREAN ELLIS

5. Date of Birth of Child (Month, day, year) AUG. 2nd 1886

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILBURN GAUGHT ELLIS
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace MURRY COUNTY (City or town) GEORGIA (State or foreign country)
14. Exact Occupation PUMP MAN
15. Industry or Business CITY OF IDAHO FALLS.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PHEOBE ANN SKERRY
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of CALIFORNIA
County of LOS ANGELES. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 56 years, and that DR. (First name) CAVANAUGH (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilburn Gaugh Ellis Signature

Pomona, California P. O. Address

My Commission Expires Feb. 9, 1946

Subscribed and sworn to before me this 18th day of June, 1943

(SEAL) Clifton Cathcart, Notary Public, residing at Los Angeles, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Maurel Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-121 045493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

374251
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) 15

4. FULL NAME OF CHILD Geo Albert Roberts

5. Date of Birth of Child (Month, day, year) 21-Jan-1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy — **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Alfred Roberts
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Quebec Canada (City or town) (State or foreign country)
14. Exact Occupation Hotel owner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Miller
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace Burlington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above and that personal particulars were furnished by Nellie (First name) Roberts (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Gila } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 57 years, and that Dr. Louis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Nellie Roberts. Signature
Box 529 Globe, Arizona P. O. Address

Subscribed and sworn to before me this 30th day of June, 1943.
(SEAL) Lucile Smith Notary Public, residing at Globe, Arizona
My Commission Expires October 14, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 - 1943 by Mary F. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1943

JUN 14 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-217-001-335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Estella Hurd

5. Date of Birth of Child (Month, day, year) Dec. 17, 1886

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Eugene Hurd
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Ogle County Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phyana Estella Clement
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Berry Co., Michigan (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 22 years of age, that I have known this person for all her life years, and that the midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phyana Estella Hurd Signature
Payette, Idaho. P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 43

(SEAL) W. R. McCleve. Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1943 by Maud H. Gale, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-203 001-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378907
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meredian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meredian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meredian Idaho

4. **FULL NAME OF CHILD** Elsie Elnora Reed

5. Date of Birth of Child (Month, day, year) Nov. 3. 1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Reed
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Forest Grove (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Elizabeth Bailey
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Belvedere (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 56 years, and that Mrs. Sally Ann Bailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie E Reed Signature
Ontario, Ore P. O. Address

Subscribed and sworn to before me this 25th day of Sept, 19 43

(SEAL) Carl Blumenthy, Notary Public, residing at Ontario, Ore
My com. Exp Jan 15, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 - 1943 by Mabel Folder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1968

OCT 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-204036-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378918
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Gentile Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Gentile Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10+ yrs.

3. RESIDENCE OF FATHER (city, state) Gentile Valley

4. FULL NAME OF CHILD Caroline Sullivan

5. Date of Birth of Child (Month, day, year) July 4. 1886

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David D. Sullivan
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Nashville (City or town) Indiana (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Clarissa Calkins
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 57 years, and that Ann (First name) Bennett (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia M. S. Greene Signature
425 J. St. Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 27th day of September, 1943

(SEAL) Geo Schaelling Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-227-003 513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378983
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Washington D.C.

4. **FULL NAME OF CHILD** Helen Crandall ([redacted])

5. Date of Birth of Child (Month, day, year) Oct 27th 1886

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Vernon Crandall
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Washington D.C. (City or town) (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Eaton Crandall
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Albany (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for all her life years, and that Do not remember (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth ~~recorded~~ under Chapter 139, 1937 Session Laws.

Emma Eaton Crandall
Signature

160 W 1st Ave Salt Lake City Ut.
P. O. Address

Subscribed and sworn to before me this 21 day of Sept. 1943, C. R. Rasmussen, Notary Public, residing at Murray Utah

My Commission Expires May 7, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1943 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-222004-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379035
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Erma Birdneau Hart

5. Date of Birth of Child (Month, day, year) Jan. 22-1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James E Hart
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace St Louis, Mo (City or town) (State or foreign country)
14. Exact Occupation attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elmira Birdneau
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother; (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 57 years, and that Name not now available (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James E Hart Signature
404 Walker St, SLC P. O. Address

Subscribed and sworn to before me this 15th day of October, 1943

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-101044 234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380462
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Indian Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley, Ida

4. **FULL NAME OF CHILD** Charles Rivaldo Ross

5. Date of Birth of Child (Month, day, year) Sep. 1, 1886

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James M. Ross
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ashland, Oregon. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mintie Stutesman
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Gauge County, Nebr. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Grant } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 57 years, and that Dr. Albert Hunt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mintie Ross Signature
Prairie City, Oregon. P. O. Address

Subscribed and sworn to before me this 20th day of October, 1943.

(SEAL) Russell H. Sullens Notary Public, residing at Prairie City, Oreg.
NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES Dec. 1, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-202010-155

380589

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls Ida
(c) Street Address or R.F.D. No. 1
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: Home
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county B years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Idaho Falls Ida.
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Carrie Sophia Christina Peterson

5. Date of Birth of Child (Month, day, year) Oct 2 1886

6. Sex female

7. Twin or no Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Peterson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Denemark (City or town) (State or foreign country)
14. Exact Occupation Farmer + Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Jensen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Denemark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the x Caroline Peterson. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 57 years, and that the persons (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Peterson
Signature

P. O. Address

Subscribed and sworn to before me this 25 day of October, 1943

(SEAL) Notary Marie Bundy Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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275-228004 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380631
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bennington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bennington Ida

4. **FULL NAME OF CHILD** Mary Jane Speirs

5. Date of Birth of Child (Month, day, year) 28 Feb 1886

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William H. Speirs
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Walters
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Jersey (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 57 years, and that Mrs Bridges (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

W. A. Speirs Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 5 day of Nov, 1943.

(SEAL) Levi Aland, Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 8 1943 by Ruby Fobler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1955

NOV 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369 122004 - 759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380646
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpilier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpilier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpilier, Idaho

4. **FULL NAME OF CHILD** Joseph Francis Cozzens

5. Date of Birth of Child (Month, day, year) May 22, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cozzens
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Pembrokshire, South Wales (City or town) (State or foreign country)
14. Exact Occupation Pioneer and rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Perkins
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming
County of Big Horn } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for life ~~years~~, and that Not Known (Mrs.) Bridgers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Lindsay Signature
Byron Wyo P. O. Address

Subscribed and sworn to before me this 13th day of October, 19 43.

(SEAL) L. Bowman, Notary Public, residing at Lovell, Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1943 by Mary Kyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-211-020-629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 381818
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Altamont (b) City Glenns Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Altamont
   (c) City Glenns Ferry
   (d) Street Address or R.F.D. No. 7
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Glenns Ferry, Ida

4. **FULL NAME OF CHILD** Alice Augusta Simmott

5. Date of Birth of Child (Month, day, year) 3/11/1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Augustine M. Simmott
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace New York (City or town), New York (State or foreign country)
14. Exact Occupation Justice of the Peace
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen O'Brien
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace New York (City or town), New York (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-three years of age, that I have known this person for fifty-seven years, and that "Grandma" Cox (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie L. Glenn Barnes Signature
318 So. Garfield Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this second day of November, 1943.

(SEAL) J. A. McGuilen, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1943 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-105-014-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381938
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Dixie
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Dixie
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Dixie, Idaho

4. FULL NAME OF CHILD LONNIE OLIVER MYERS

5. Date of Birth of Child (Month, day, year) August 5, 1886

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Marion Myers
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Howell County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucinda May Johnston
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Cedar County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 57 years, and that Dr. Lee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda May Johnston Myers Signature
224 SW Dorion Ave. Pendleton, Ore. P. O. Address

Subscribed and sworn to before me this 30 day of November, 19 43

My commission expires 2/2/47 Anna M. Harbrong, Notary Public, residing at Pendleton, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

SEAL

Received for filing on DEC 6 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 116 029 452

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383185
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LaTah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County LaTah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Roy Beeman

5. Date of Birth of Child (Month, day, year) 9-16-1886

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Rufus Hursural Beeman
11. Color or Race WHITE
12. Age at time of THIS birth 53 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline McBee. [redacted]
17. Color or Race WHITE
18. Age at time of THIS birth 44 yrs.
19. Birthplace Pike Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not Known.

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty three years of age, that I have known this person for 57 years, and that No physician (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luna Wallace — Signature
Omak, Washington — P. O. Address

Subscribed and sworn to before me this 31st day of December, 1943.

(SEAL) E D Lobenzt, Notary Public, residing at Omak, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1944 by Mabel Hylder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 227036 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384525
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Samaria Idaho

4. **FULL NAME OF CHILD** Pearl Vaughn Morris

5. Date of Birth of Child (Month, day, year) Feb. 27, Sat. 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Hugh Conway Morris
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Abergele Denbeighshire North Wales (City or town) (State or foreign country)
14. Exact Occupation Brick & Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Davis
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Altwen South Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for nearly 58 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elias Morris Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 1944

(SEAL) M. E. [illegible] Notary Public residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1947

FEB 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-225 036 342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Oneida (b) City: Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Parents' Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 3 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Oneida
   (c) City: Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Sara Evans

5. Date of Birth of Child (Month, day, year) October 25, 1886

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Lloyd Evans
11. Color or Race: White
12. Age at time of THIS birth: 29 yrs.
13. Birthplace: Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: Banking & Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Lovesta Lusk
17. Color or Race: White
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-three years of age, that I have known this person for fifty-seven years, and that Mrs. Jesse E. Dredge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Evans Davis — Signature
Malad Idaho. — P. O. Address

Subscribed and sworn to before me this 10 day of Feb., 1944

(SEAL) Jas E. Jones, Notary Public, residing at Malad City, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Molly Fielder, Registrar.

FEB 14 1944

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-111 028-749

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387520
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Thomas Monahan Graney.

5. Date of Birth of Child (Month, day, year) 14th of June 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas X Graney
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace near Dublin (City or town) Ireland (State or foreign country) in U.S.A. since 14 years.
14. Exact Occupation Cattle man and.
15. Industry or Business Teaming, Freighting Packing.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delilah Elizabeth Graney
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Monument (City or town) Colorado. (State or foreign country)
20. Exact Occupation
21. Industry or Business Farmer's daughter

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Illinois
County of Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-three years of age, that I have known this person for fifty-seven years, and that Dr. Sanders (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David T. Graney. Signature
2912 Elisha Ave., Zion, Ills. P. O. Address

Subscribed and sworn to before me this 13th day of March, 19 44.

(SEAL) H. O. Farley, Notary Public, residing at Zion, Ills.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 - 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho; for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-108 045-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 387524
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ALTURAS (b) City GILMAN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Alturas
   (c) City Gilman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gilman, Idaho

4. **FULL NAME OF CHILD** Frederick Leslie Thompson

5. Date of Birth of Child (Month, day, year) Nov. 8, 1886

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Stocks Thompson
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hanaonville, Calif. (City or town) (State or foreign country)
14. Exact Occupation Labor or miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Louisa Darby
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hanaonville, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 57 years, and that Jane Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas E. Thompson Signature
Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of April, 1944.

(SEAL) [illegible], Notary Public, residing at Hagerman Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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387571

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Ap 35 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pauline Hirlinger

5. Date of Birth of Child (Month, day, year) April 26 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Hirlinger
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Hohenzollern (City or town) Germany (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna O'Shaugnessy
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Limerick Co. (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 59 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Baldwin Signature
2705 W. Boone ave Spokane P. O. Address

Subscribed and sworn to before me this 17th day of March, 1944.

(SEAL) Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1984

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-203-001-231

388658 388658

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Ada County

4. FULL NAME OF CHILD Annie G. Turner

5. Date of Birth of Child (Month, day, year) July 3, 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Turner
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Crab Orchard, Ky. (City or town) (State or foreign country)
14. Exact Occupation Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Blaylock
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Hang Town, Calif (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 57 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Forda Turner Pender Signature
7812 N.E. Redway, Portland Ore. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1944.
(SEAL) L. M. Greene Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-128-030-397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388935
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Elmer Denny

5. Date of Birth of Child (Month, day, year) Mar. 28, 1886

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Solomon Thompson Denny
11. Color or Race whit
12. Age at time of THIS birth 32 yrs.
13. Birthplace Duquion (City or town) Illinous (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Lipe
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace DuQuion (City or town) Ill. (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Distant Relative (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 57 years, and that Sarah Tucker (Mid-wife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M Tobias Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1944.

(SEAL) W. W. Simmonds, ~~Notary Public~~ Clerk Dist. Court
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 - 1944 by Mabel Fletcher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1944

MAY 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-203014-454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390073
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (Ada) (b) City Caldwell.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Castle Creek Idaho

4. **FULL NAME OF CHILD** Nancy Florence Evans

5. Date of Birth of Child (Month, day, year) 12/3/1886

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John James Evans
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Luella De Ment.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housekeeper.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt by marriage (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy-six years of age, that I have known this person for 5 7/2 years, and that Dr. A. F. Isham (First name) (Last name), who attended this birth is now ceeased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda C. DeMent Signature
1401 No. 20th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1944

(SEAL) M. J. Wyman, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on MAY 26 1944 by Mabel Hofer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAY 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-117-026-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 390176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Menan, Idaho

4. FULL NAME OF CHILD George Aaron Cherry

5. Date of Birth of Child (Month, day, year) Jan. 17th 1936.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Smith Cherry
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Deadwood, South Dakota (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Pender
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Centerville, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 58 years, and that Jeannette Poole (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie M. Byba Signature
Menan, Idaho. P. O. Address

Subscribed and sworn to before me this 29 day of May, 19 44

(SEAL) Beula R. Barnett, Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 390283
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ada (b) City South Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City South Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) So. Boise, Idaho

4. **FULL NAME OF CHILD** Cassia Catherine Wilson

5. Date of Birth of Child (Month, day, year) June 25, 1886

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ellis Wilson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Deck
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 6.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all her life years, and that James L. Wilson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James L. Wilson Signature

R.9 Box 900 B. P. O. Address

Subscribed and sworn to before me this 5 day of June, 1944.

(SEAL) Mae Murray, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by Mabel Walker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-123-026-339

Unite1 Stat
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 391576
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Institution Home: no
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville, Idaho

4. **FULL NAME OF CHILD** William Campbell

5. Date of Birth of Child (Month, day, year) Jan. 23rd, 1886

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isaah Campbell
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Providence, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Clifford
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Providence, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since his birth years, and that Harriet Dabell (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lettie Griffe Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 26 day of June, 19 44

(SEAL) Vicki R. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section [illegible])

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595 116 003 319

392865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bannock (b) City: Cleveland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bannock
   (c) City: Cleveland, Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**: Alma Nielsen

5. Date of Birth of Child (Month, day, year): February 16 1886

6. Sex: Male

7. Twin or Triplet: ---- If so—born 1st, 2nd, 3rd: ----

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**: Peter Nielsen
11. Color or Race: White Am
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Denmark (City or town) (State or foreign country)
14. Exact Occupation: Deneanede
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Mary Larsen
17. Color or Race: White Am
18. Age at time of THIS birth: 21 yrs.
19. Birthplace: Logan Utah (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of: Idaho
County of: Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for life years, and that Mary (First name) Lundgren (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Nielsen Signature

Cleveland, Idaho. P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 44.

(SEAL) Jens Falk Clerk of District Court, ex-officio Notary Public residing at Blackfoot, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

284-120-D 03-866 / 394486

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394486
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downy
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CHARLES A. SHURTLIFF

5. Date of Birth of Child (Month, day, year) Sept. 20, 1886

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Selah Shurtliff
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Harrisville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HARRIET HOWELL
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Clifton, Idaho. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 58 years, and that Mrs S. (First name) Loid (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Selah Shurtliff Signature
Patterson, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of September 1944.

(SEAL)

Maude L. Mahoney Postmaster, Notary Public, residing at Patterson Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1944 by Mary Hesse, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-22-2-01-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP 12 19

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395605
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Three yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Constance Boyd McIntosh

5. Date of Birth of Child (Month, day, year) Aug. 22 - 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Angus McIntosh
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Clerical
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christie Boyd
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 58 years, and that Frances (First name) Bridger (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary McIntosh Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of September, 19 44

(SEAL) Chas E Harris, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-QD-010-958

395719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: (b) City: Eagle Rock (near Idaho Falls)
   (c) Street Address or R.F.D. No.:
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days 3

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Territory (Ida) (b) County:
   (c) City: Eagle Rock, (Idaho Falls)
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? 3 days yrs.

3. **RESIDENCE OF FATHER** (city, state): Eagle Rock

4. **FULL NAME OF CHILD**: Mary Margaret Freeze

5. Date of Birth of Child (Month, day, year): June 10-1896

6. Sex: Female

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**: Joe Albert Freeze.
11. Color or Race: White
12. Age at time of THIS birth: 29 yrs.
13. Birthplace: Ohio (City or town) (State or foreign country)
14. Exact Occupation: Carpenter
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Henrietta Ann Reynolds
17. Color or Race: White
18. Age at time of THIS birth: 27 yrs.
19. Birthplace: Port Barnes Ill (City or town) (State or foreign country)
20. Exact Occupation: Nurse.
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bertha A. Freeze (First name) Morain (Last name), who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Eagle Rock Idaho Falls Ida Date 66

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty four years of age, that I have known this person for 58 - years, and that (First name) (Last name), who attended this birth 58 (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha A. Freeze Morain (Signature)
304 E 18th St Idaho Falls Ida. (P.O. Address)

Subscribed and sworn to before me this 29th day of September, 1944.

(SEAL) Doris A. Thomas, Notary Public, residing at Lark, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-317-014-468

395739

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 395739
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Sixty yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Edna May Case

5. Date of Birth of Child (Month, day, year) Oct. 17, 1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Douglas Case
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Colonial, Henry Co., Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha May Mohr
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Geneseo, Henry Co., Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now eighty two years of age, that I have known this person for fifty seven years, and that Mrs Sentiff (First name) Midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William D. Case Signature
Payette Idaho P. O. Address

Subscribed and sworn to before me this 28 day of September, 19 44.

(SEAL) Gw Lile, Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1944 by Wesley Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395789
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bennington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bennington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bennington, Idaho

4. **FULL NAME OF CHILD** Sarah Jane Weaver

5. Date of Birth of Child (Month, day, year) Feb. 2, 1886

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Miles Franklin Weaver
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Millville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Lindsay
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Kaysville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Mrs Tom Bridges (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Soren Martinus Sorenson Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of September, 19 44.

(SEAL) Levi Aland, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1944 by Mabel Hylder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-204-044-2591

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395794
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ah Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Clara Evelyn Moore

5. Date of Birth of Child (Month, day, year) Sept 4, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Moore
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Teaching school
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Priscilla Shaw Moore
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Little Sioux Iowa (City or town) (State or foreign country)
20. Exact Occupation Teaching School
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Ventura } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of Clara Evelyn Moore Hellert (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 55 years, and that Griff Keighley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Moore ..... Signature
1330 Las Palmas Hollywood Calif. P. O. Address

NOTARY PUBLIC
In and for Los Angeles, State of California

Subscribed and sworn to before me this 21 day of March, 1942

My Commission Expires April 25, 1945 (SEAL) E. C. Olsen ..... Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 2, 1944 by C. D. Buckenmeyer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 131 003 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396959
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bannock (b) City: Chesterfield.
   (c) Street Address or R.F.D. No.: ---
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bannock
   (c) City: Chesterfield.
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chesterfield, Idaho

4. **FULL NAME OF CHILD** Milo Durney

5. Date of Birth of Child (Month, day, year) May 31st, 1886.

6. Sex: male

7. Twin or Triplet: single If so—born 1st, 2nd, 3rd: 1st

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Holliday Durney
11. Color or Race: white
12. Age at time of THIS birth: 22 yrs.
13. Birthplace: St. George, Utah. (City or town) (State or foreign country)
14. Exact Occupation: Farmer.
15. Industry or Business: Agriculture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Andrus
17. Color or Race: white
18. Age at time of THIS birth: 19 yrs.
19. Birthplace: Richmond, Utah. (City or town) (State or foreign country)
20. Exact Occupation: housewife.
21. Industry or Business: domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum: dont know.

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the xisaunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for since his birth years, and that Mrs. Lewis (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Caroline Hunt — Signature
North Ogden, Utah. — P. O. Address

Subscribed and sworn to before me this 26th day of October, 19 44

(SEAL) Frank R. Bennett — Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-208-035-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396983
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 6 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Frances Louisa Boots

5. Date of Birth of Child (Month, day, year) Aug 8-1886

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin F. Boots
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Indianapolis (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Martin
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the a Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for more than 50 years, and that Dr John Cooper (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa A. Martin Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of November, 1944

(SEAL) Ray Carter, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1944 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 211 016 391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398236
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: My home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5-6 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Mary Effie Sharp

5. Date of Birth of Child (Month, day, year) Dec. 11-1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Heber Chase Sharp
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Craner
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother Sharp (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 5-8 years, and that Sally (First name) Bates (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary an Sharp Signature
R. # 2, Box 519, Riverside, Calif. Address

Subscribed and sworn to before me this 22nd day of November, 1944

(SEAL) Elizabeth C. DeVall, Notary Public, residing at Riverside, Cali
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann.) My Commission Expires December 10, 1946

Received for filing on DEC 4 - 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856 117035-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399445
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Cameron Ida

4. FULL NAME OF CHILD Clarence Edgar Hewett

5. Date of Birth of Child (Month, day, year) Feb 17. 1886

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Hewett
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Sheets
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 58 years, and that Jr Stoneburner (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

JULIA HEWETT Signature
Julia Hewett P. O. Address

Subscribed and sworn to before me this 18 day of Dec 1944

(SEAL) O. M. Rogerson, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1944 by Molly Hedger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-110-036-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399478
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ONEIDA (b) City WESTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: MIDWIFE
(e) Mothers stay **BEFORE** delivery: ALL HER LIFE
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City WESTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) WESTON, IDA.

4. **FULL NAME OF CHILD** JOHN MARTINES CHRISTENSEN

5. Date of Birth of Child (Month, day, year) OCT. 10. 1886

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JENS CHRISTENSEN
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace SUMGA. DENMARK. (City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LENA CHRISTENSEN
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace ~~WESTON~~ SUMGA. DENMARK. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT ×
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 58 years, and that Elie midwife (First name) (Last name), who attended this birth, ~~cannot~~ be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. Walter Christensen Signature
Lava Hot Springs, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of December, 1944.

(SEAL) D. Kasiska, Notary Public, residing at Lava Hot Springs Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-020-036-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399550
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Elizabeth Harris

5. Date of Birth of Child (Month, day, year) July 20-1886-

6 Sex female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joshua Harris
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Glamorganshire (City or town) South Wales (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Deseret Whitesides
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kaysville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 58 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther A. Monson Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of December, 1944
(SEAL) Ida B. Johnson, Notary Public, residing at Preston, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-206-017-363

400756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Clark (b) City: Beaver Canyon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Clark
(c) City: Beaver Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one-half yrs.

3. RESIDENCE OF FATHER (city, state) Beaver Canyon Ida

4. FULL NAME OF CHILD Margaret Josephine Martin

5. Date of Birth of Child (Month, day, year) Oct. 6, 1886

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Martin
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Stock-raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Juliet Cole
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Oxford (State or foreign country) Missouri
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 58 years, and that Sarah (First name) Murray (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Albert Martin Signature
421-No. Cardwell, Emmett, Ida P. O. Address

Subscribed and sworn to before me this 18th day of January, 1945.
(SEAL) Notary Public, residing at Emmett, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 9/14/1948

Received for filing on JAN 17 1945 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-122010-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402111
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Eaglerock
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Eaglerock
(d) Street Address or R.F.D. No. -
(e) How long has MOTHER lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Eaglerock, Idaho

4. FULL NAME OF CHILD George Alfred Stiles

5. Date of Birth of Child (Month, day, year) March 22, 1886

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mauride George Stiles
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Freeport, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Dunbar
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Nebraska
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 58 years, and that the attendant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maurice Geo. Stiles
Signature
516 North Lincoln, No. Platte, Nebr.
P.O. Address

Subscribed and sworn to before me this 15th day of February, 1945.

(SEAL) Theo Lowe, Notary Public, residing at North Platte, Nebraska

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-202529-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402131
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Alice Rachel Judd

5. Date of Birth of Child (Month, day, year) Aug. 2, 1886

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Stanley Judd
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eveline Cox
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace LaCrosse (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON
County of Stevens } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 58 years, and that Mrs. (First name) Ghamel (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roscoe B. Judd Signature
Inchelium, Washington P. O. Address

Subscribed and sworn to before me this ~~29th~~ 31 day of ~~December~~ January, 19 45
(SEAL) Bertie Rail, Notary Public, residing at Inchelium, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by Mabel [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-212044843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402242
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) WEISER - IDAHO

4. FULL NAME OF CHILD GRACIEN - MAY - TABLER

5. Date of Birth of Child (Month, day, year) DEC. - 12 - 1886

6. Sex FEMALE **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd / **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME BENJAMIN - A. - TABLER
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace TOPEKA (City or town) KANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME REBACCA - JANE - HULL
17. Color or Race WHITE **18.** Age at time of THIS birth 35 yrs.
19. Birthplace ST. JOSEPH (City or town) MISSOURI (State or foreign country)
20. Exact Occupation WIFE
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 all - 1 dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie E. Adams Signature

..... P. O. Address

Subscribed and sworn to before me this 1 day of March, 19 .....

(SEAL) J. S. McKinney Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1945 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-202016-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402323
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Council Bluffs Ia.

4. FULL NAME OF CHILD Maude Ellen Perkins

5. Date of Birth of Child (Month, day, year) 2 Dec 1886

6 Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles A. Perkins
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda Parks
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Utah (City or town) Willard Co (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Cal
County of Los angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 58 years, and that Irene (First name) Adams (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irene Adams Signature
734 So Sycamore Los Angeles P. O. Address

Subscribed and sworn to before me this 9th day of Mar, 1945.
(SEAL) Commission Expires May 20, 1947, Notary Public, residing at Los angeles Ca
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1945 by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-129 016-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at father and mothers home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Castleford Ida

4. FULL NAME OF CHILD George E. White

5. Date of Birth of Child (Month, day, year) mar 21-1896

6 Sex male. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter George White
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catharine Meecham
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Penn (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 83 years of age, that I have known this person for 58 years, and that Sarah (First name) Franks (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. C. White Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1945.
(SEAL) R. N. McCoy, Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on MAR 29 1945 by Mabel Felger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 29 1945

432-229 044 438

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 403442
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 14 days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Oregon (b) County
(c) City Huntington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Charlotte McKune

5. Date of Birth (Month, day year) Sept. 29, 1886

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert McKune
11. Color or Race Caucasian
12. Age at time of THIS birth 24 yrs.
13. Birthplace Susquehanna, Pa. (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Irene McHenry
17. Color or Race Caucasian
18. Age at time of THIS birth 17 yrs.
19. Birthplace Louisville, Kentucky. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 9:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Helen I. McKune (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 29 1945 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Weiser Idaho Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Helen Irene McKune, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) of Charlotte McKune Richard (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Geo. M. Waterhouse (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Robt) Helen Irene McKune Signature
302 Central Ave. Seal Beach ~~P. O. Address~~

Subscribed and sworn to before me on this 20 day of March, 1945

(SEAL) Fred P. Bertower Notary Public, residing at LONG BEACH, CALIF.

My Commission Expires Oct. 11, 1946

NOTARY PUBLIC
in and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 29 1945

122-117 045165

403491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403491
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ALTURAS (b) City SOLDIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ALTURAS
(c) City SOLDIER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** GEORGE RELF ABBOTT

5. Date of Birth of Child (Month, day, year) APR. 17, 1886

6 Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE HENRY ABBOTT
11. Color or Race WHITE
12. Age at time of THIS birth 57 yrs.
13. Birthplace CHILLICOTHE, OHIO (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CHARLOTTE MELVINA JONES
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace MILLERSTOWN, PENNA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Camas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the a neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for 59 years, and that Mrs Marcha Baxter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ed Gibbons Signature

Marsh P. O. Address

Subscribed and sworn to before me this 30 day of March 1945

(SEAL) Tom Hokinson, Notary Public, residing at Fairfield Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113 213033-253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 404775
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. Had no street numbers
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In her own home
In Hosp. or Mat. Home 0 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. Streets were not Numbered
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Rexburg Idaho

3. RESIDENCE of FATHER (city, state) Rexburg Ida.

4. FULL NAME OF CHILD Martha Sophia Jacobs

5. Date of Birth (Month, day, year) Feb. 13-1886

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Sven Hopkins Jacobs	16. FULL MAIDEN NAME Martha Jane Bell
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 25 yrs.
13. Birthplace Cedar City Iron Co. Utah (City or town) (State or foreign country)	19. Birthplace Lehi Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation House Wife
15. Industry or Business Sometimes worked at Meat Markets	21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Bell Harris (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) MAY 15 1945 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Bell Harris being first duly sworn, say that I am related to (Related to (or) acquainted with) Martha Sophia Jacobs (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Truth (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Bell Harris Signature
Sugar City P. O. Address

Subscribed and sworn to before me on this 9 day of May, 1945

(SEAL) Jus Baker Notary Public, residing at Sugar City Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-220029 296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408404
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 mo. ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Annie Laura Raynard

5. Date of Birth of Child (Month, day, year) Oct 20, 1886

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Robert Raynard
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Merritton (City or town) Ontario (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Brown
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bingley (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Province of Alberta
County of Canada, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 59 years, and that Doctor (First name) Williams (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 136, 1937 Session Laws.

Stephen Arthur Raynard Signature
Scollard, Alberta P. O. Address

Subscribed and sworn to before me this 20th day of July, 1945

(SEAL) J. G. Lawrence, Notary Public, residing at Morrin.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

PROVINCE OF ALBERTA

My Commission expires on December 31, 1961

Received for filing on JUL 27 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-115-003-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410803
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannnck
(c) City Arimo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Arimo Idaho

4. **FULL NAME OF CHILD** Jesse Eugene Avery

5. Date of Birth of Child (Month, day, year) Oct.15, 1886

6 Sex male

7. Twin or Triplet - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Nelson Avery
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Josephine Roberts
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 59 years, and that Nancy Byington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine E Hooper Signature
Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of September, 1945.

(SEAL) W Kasser Jr, Notary Public, residing at Lava Hot Springs Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record~~ in ~~the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-203-040-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410804
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Myrtle
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mothers stay BEFORE delivery: In THIS county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Myrtle
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 10 months.

3. RESIDENCE OF FATHER (city, state) Myrtle, Idaho

4. FULL NAME OF CHILD Jessie Estella Quist

5. Date of Birth of Child (Month, day, year) 6-3-1886

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Magnus S Quist
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace — (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Placer Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Theodosia Burr Wright
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 58 years, and that (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES FEB.17, 1948

Theodosia Burr Quist Signature
23 Almond St - Medford Ore. P. O. Address

Subscribed and sworn to before me this 27th day of June 1945.
(SEAL) Carl J. Seugwald Notary Public, residing at Medford
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Walter Pol, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 7 1945

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JAN 1 4 1977

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 2 6 1945

613-113-006-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ross Fork (b) City Bingham
(c) Street Address or R.F.D. No. Fort Hall
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ross Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Ross Fork, Idaho

4. FULL NAME OF CHILD Novo Henry Fallentine

5. Date of Birth of Child (Month, day, year) Aug 13th 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earl Fallentine
11. Color or Race White (Danish)
12. Age at time of THIS birth 30 yrs.
13. Birthplace Melrose (City or town) Denmark (State or foreign country)
14. Exact Occupation Butcher at Fort Hall Idaho
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Amalia Andrea Jensen
17. Color or Race White (Danish)
18. Age at time of THIS birth 28 yrs.
19. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum at time of birth
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 55 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Diana Nydal Fallentine Child Signature

P. O. Address

Subscribed and sworn to before me this 31st day of October, 1945

(SEAL) Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613 108-020 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 413047
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Mountain Home Idaho

4. **FULL NAME OF CHILD** John Henry Wall

5. Date of Birth of Child (Month, day, year) Oct 8th 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Lester Wall
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace St George Channel England (City or town) (State or foreign country)
14. Exact Occupation Special Agent
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. McCak
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Switzerland Co Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 DEAD-1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 58 years, and that Kate Wall Fowler (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Wall Fowler Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June, 1945.

(SEAL) F. H. Fitzgerald, Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 24 1945 by Mabel Hedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-220-025-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 415322
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Near
(c) Street Address or R.F.D. No. Grangeville.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City 6 Miles West of Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alva Maude Overman

5. Date of Birth of Child (Month, day, year) Oct. 20, 1886

6 Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Cyrus Overman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ottumwa (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & Stockraising.

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Alice Watson.
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Don't know. (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Midwife _____ Address _____ Date _____

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 59 years, and that Dr. S. F. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John S. Overman Signature
2036 Boyer Ave. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 18th day of January, 1946.
(SEAL) J. E. Hayden, Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 24 1946 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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293 203 006-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419508
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 7 S. Shilling
   (d) Name of Hospital or Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. 7 S. Shilling
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Susan Dora Biethan

5. Date of Birth of Child (Month, day, year) Nov. 3, 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Henry Biethan
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ft. Madison (City or town) Iowa (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Elizabeth Holbrook
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Liberty (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Making a home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am ~~the~~ a friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for all her life 59 yrs years, and that Mrs. Susan Holbrook (First name) (Last name), who attended this birth is now deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcus Moster Signature

Blackfoot, Idaho, P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 46.

(SEAL) John L. Jones, Notary Public, residing at Blackfoot, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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MAY 27 1948

253-3 a.10 08-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421940
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: in her home Garden Valley
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Catherine Jane Bell

5. Date of Birth of Child (Month, day, year) 12 June 1946

6 Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel M. Bell
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Penn (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Rosalie Scanlon Bell Reber
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Grand Creek Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Mrs Hattie Oakes Mrs Mgt McBride Mgr Date Bth dead

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 60 years, and that Mrs Hattie Oakes or Mrs. Mgt McBride (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Agnes Reber Signature
Route #1 - Boise Idaho P. O. Address

Subscribed and sworn to before me this 18th day of July, 1946.
(SEAL) James J. Keenan, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 9 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 0 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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791-221-044-785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423242
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county years 6 months approx. days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser,
(d) Street Address or R.F.D. No. Unknown
(e) How long has MOTHER lived in Idaho? 6 mos. app

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Mary Mae Pratt,

5. Date of Birth of Child (Month, day, year) March 21, 1886

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Morgan Jacob Pratt,
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace City Unknown, State-Michigan (City or town) (State or foreign country)
14. Exact Occupation Teamster & freighter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Pheffle
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Wells, Minnesota, (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Midwife _____ Address _____ Date _____

State of California,
County of San Joaquin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -88- years of age, that I have known this person for -60- years, and that unattended, (First name) _____ (Last name), who attended this birth _____ (Now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Pratt
Signature

Rt. 1, Box 213, Ripon,
P. O. Address

Subscribed and sworn to before me this - 19th - day of - - - August - - - - -, 19 46.

(SEAL) Katherine McAuliffe Notary Public, residing at Stockton, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-215 044 654

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 424619

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City COUNCIL
(c) Street Address or R.F.D. No. COUNTRY
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City COUNCIL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ALTA MAY STUTSMAN

5. Date of Birth of Child (Month, day, year) Mar 15 1886.

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM HENRY STUTSMAN
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace SPRINGFIELD ILL. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SEREPTA MAY WEDDLE
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace ALLENVILLE, HARRISON Co. NJ. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living~~ ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 12 AM, on the date and at the place stated above, and that personal particulars were furnished by SEREPTA M. STUTSMAN (First name) (Last name) related to this child as Serepta M Stutsman (Mother, etc.)

25. Attendant's **OWN** signature Mattie Sheppard M.D. Address Council Idaho Date 8/26/1957

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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665-22-7016-761

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 426123
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county 12 years 6 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 65 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Essica Jane Owens

5. Date of Birth of Child (Month, day, year) July 27, 1886.

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Melville Rolland Owens
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Hornetus, California USA (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Laurie Poage
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Beaver City, Nebraska. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home-making

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Gooding } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 60 years, and that Mrs. Dorcas Severe (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cassie Jamie Owens Signature
Box 797, Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of November, 1946.

(SEAL) Blanch Bigs, Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 13 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7 4 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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(089-136-019-397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427586
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county 6 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Idaho.

4. FULL NAME OF CHILD Robert Canton Whitsett

5. Date of Birth of Child (Month, day, year) March 26, 1886

6. Sex m

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ezekiel Cummins Whitsett
11. Color or Race W
12. Age at time of THIS birth 48 yrs.
13. Birthplace Catawissa, Missouri (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business County employee

MOTHER OF CHILD

16. FULL MAIDEN NAME Juliette Lipe
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace DuQuoin, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half-brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 60 years, and that Dr. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lemuel Wolfe Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of November, 19 46

(SEAL) Preston Thatcher, Notary Public, residing at Salmon Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1946

DEC 13 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-111-044-366

427591

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mothers stay BEFORE delivery: In THIS county 5 years 1 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Ralph Keithley

5. Date of Birth of Child (Month, day, year) Oct. 11 1886

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Levi Keithley
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace St Charles County Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Jane Towell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Mercer County Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 60 years, and that Griff Keithly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Jane Towell Keithley Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December 1946

(SEAL) J. H. Goodwright, Notary Public, residing at Midvale Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1946 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-201-008-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429031
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Van Wyck P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Her Fathers home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City P.O. Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Van Wyck Ida.

4. **FULL NAME OF CHILD** Anna Mildred Sisk

5. Date of Birth of Child (Month, day, year) Sept. 1st 1886

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stephen Murphy Sisk
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Humboldt Co. Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Teeter Moore
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace near Bentonsport Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Katharine Sisk Stojiel (First name) (Last name) who is related as Sister (Mother, etc.)

I was living in my Fathers home at the time of this birth

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 60 years, and that Vnrs Wertz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharine Sisk Stojiel Signature
3938-14 Ave. W. Seattle P. O. Address

Subscribed and sworn to before me this 19th day of December, 1946

(SEAL) G. C. Eaton Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1956

DEC 31 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434230-030-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430476
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Isabel McDonald

5. Date of Birth of Child (Month, day, year) Jan 30, 1886

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John McDonald
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Westchester Co. N. York (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Isabel Kane
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Toronto Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Salmon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 60 years, and that Dr. George A. Kenney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Kane Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of January 1947

(SEAL) W. W. Simmonds Clerk of the District Court. Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 28 1947

769-124-26-449 433399

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433399
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Non
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 5 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo, Idaho

4. **FULL NAME OF CHILD** Samuel Ray Gwin

5. Date of Birth of Child (Month, day, year) April 24 1886

6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William L. Gwin
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Manie Durfee
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Providence Cach Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Alice Rice (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address mrs Dick Low Date

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 59 years, and that mrs (First name) Dick Low (Last name) midwife, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

mrs Alice Jane Rice Signature
Burley, P. O. Address

Subscribed and sworn to before me this 19 day of April 1947
(SEAL) Nissy M. Neeta, Notary Public, residing at Burley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 24, 1947 by John L. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-124037-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
He was born at Home
(e) Mothers stay BEFORE delivery:
In THIS county 8 years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau Valley
(d) Street Address or R.F.D. No. Ideal
(e) How long has MOTHER lived in Idaho? Without
3. RESIDENCE OF FATHER (city, state) Bruneau Idaho

4. FULL NAME OF CHILD Joseph Clifford Strickland
5. Date of Birth of Child (Month, day, year) Mar. 24, 1886
6 Sex Boy
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Redman Strickland
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Cedarway, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Valentine Davis
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Unknown Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Gooding } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now almost 66 – 67 years of age, that I have known this person for better than 60 years, and that Mrs Lee Harris (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora M Candle Signature
Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April 1947
(SEAL) Geo. H. Walker, Notary Public, residing at Wendell Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Duplicate of 1886-443921 (Data Entry Error)

553-105004-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 436433
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Pegram
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county one years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Pegram
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one year yrs.

3. **RESIDENCE OF FATHER** (city, state) Pegram

4. **FULL NAME OF CHILD** Ervin Byron Nelson

5. Date of Birth of Child (Month, day, year) 10/5/ 1886

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Byron S. Nelson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace St. Louis, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Porter
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Evanston, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Step mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for all his life years, and that Dr. Langford (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was living in the home of Byron Nelson and wife when this child was born and remember his birth and date well.

Polly J. Nelson Signature

Montpelier, Idaho, P. O. Address

Subscribed and sworn to before me this 14th day of June, 19 47.

(SEAL) Chas. E. Harris Notary Public, residing at Montpelier, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1947 by John W Wright Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1947

NOV 26 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-105-004-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 437850
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? five yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho.

4. **FULL NAME OF CHILD** Leo Austin Williams

5. Date of Birth of Child (Month, day, year) 6/5/1886

6. Sex Male

7. Twin or Triplet XXXXX If so—born 1st, 2nd, 3rd XXX

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Morgan Williams,
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Willard, Utah. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Anderson,
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for all his life ~~years~~, and that Alice Sleight, midwife, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgiana Williams Signature
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of July, 1947.

(SEAL) Chas E Farnes, Notary Public, residing at Montpelier, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1947 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241 210-035-381

440848

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP 8 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Ranch home.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county one years four months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston.
(d) Street Address or R.F.D. No. Ranch home.
(e) How long has MOTHER lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Mary Alice Small

5. Date of Birth of Child (Month, day, year) Oct. 10, 1886

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Ambrose Small
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ludlow (City or town) Maine. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Clara Chamberlain
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 59 years, and that Dr. Sterting (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. P. Small Signature

742 SW Vista Ave., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of September, 1947.

(SEAL) Vera F. West, Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. 1-22-49

Received for filing on SEP 9 1947 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1947
SEP 9 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

335-204-014-551

443610

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443610
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Dr. home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City near Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Martha Ethel Clement

5. Date of Birth of Child (Month, day, year) Dec 4-1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roswell Webster Clement
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Middletown (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Amanda Neal
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 6 (a) At time of birth and including this child none (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of PAYETTE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 61 years, and that Dr Pogue (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie E. Williams Signature
RT 1, PAYETTE, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of October, 1947.

(SEAL) Francis L. Pugh, Notary Public residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 3 1947 by John E. Gray Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-216-022-365

443616

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Small Ft
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....a....days.
In **THIS** county....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Esther Robson
5. Date of Birth (Month, day, year) March 12 1886
6. Sex girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas andrew Robson
11. Color or Race White
12. Age at time of THIS birth....yrs.
13. Birthplace New Castle (City or town) England (State or foreign country) oct 7 1836
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucretia loveless
17. Color or Race white
18. Age at time of THIS birth....years
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child.... (b) Born alive and now living....
(c) Born alive and now dead.... (d) Stillborn....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Lucretia Robson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 5 1947 (Date received) (b) John L. Wright (Registrar's signature)
27. Given name added on....by.... (Registrar's signature)

28. Attendant's **OWN signature** Mrs Lulu Cox M.D. or (D.O., Midwife, etc.) and address Small, Idaho Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lulu Cox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Robson (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Annie Robson (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lulu Cox
Name
243 North Ridge ave Idaho Falls, Idaho
P. O. Address

Subscribed and sworn to before me on this 15th day of October

(SEAL) [signature] Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-212-010-251

443641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls (Eagle Rock)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mothers stay BEFORE delivery: In THIS county 3 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, (Eagle Rock)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Nellie Maud Thomas

5. Date of Birth of Child (Month, day, year) Feb. 12, 1886

6. Sex F

7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William J. Thomas
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Cardith (City or town) Wales (State or foreign country)
14. Exact Occupation Pioneer Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Alice Beam
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Red Oaks, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Blacksmith

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all life years, and that Mrs. (First name) Oley (midwife) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Jessie Kirkpatrick Signature

613 East 12th. Street P. O. Address
Idaho Falls, Idaho

Subscribed and sworn to before me this 12th day of November, 1947

(SEAL) E. L. Owen, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 14 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

499-128-029-318

443655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Ida.

4. FULL NAME OF CHILD William James Driscoll

5. Date of Birth of Child (Month, day, year) Aug. 28, 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Driscoll
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Taylor.
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Prescott. Wash. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 50 years, and that Dr. W. C. Cox (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Lineham — Signature
Genesee, Idaho. — P. O. Address

Subscribed and sworn to before me this 8th day of November, 19 47

(SEAL) W. B. Wix — Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1947 by John W Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Minnie Ann Breshears

5. Date of Birth of Child (Month, day, year) Jan 17, 1886

6 Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Benton Breshears
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Ann Potter
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for life years, and that Dr. E. Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joe H. Barshear Signature
Rt 1 Eagle, Ida P. O. Address

Subscribed and sworn to before me this 18th day of December 19 47
(SEAL) Mabel Feeder, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1947 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-220-006-356

447662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File
Local Reg. No.
Reg. Dist. No. 447662

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At mother's own home.
(e) Mothers stay BEFORE delivery: In THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Estella Morgan

5. Date of Birth of Child (Month, day, year) Feb. 20, 1886

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Samuel Morgan
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Matilda Lewis
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Evanston, (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of California
County of Sacramento } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Mrs. John Bingham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Bahem Signature
2739 Santa Clara Way P. O. Address

Subscribed and sworn to before me this 15th day of January, 1948.

(SEAL) H. A. Moreland, Jr., Notary Public, residing at Sacramento, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1948

FEB 15 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

735-211-036-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0087
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: own home
(e) Mothers stay **BEFORE** delivery: unknown
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? unknown yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad City Ida.

4. **FULL NAME OF CHILD** Annie Glud

5. Date of Birth of Child (Month, day, year) June 11, 1886

6 Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Glud
11. Color or Race White 12. Age at time of THIS birth — yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Clark
17. Color or Race White 18. Age at time of THIS birth — yrs.
19. Birthplace Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended ~~the birth~~ of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 61 years, and that Mary Ann Adams (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Dora Bowe Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of March, 1948.

(SEAL) John H. McAllister, Notary Public residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Clerk of the District Court

Received for filing on MAR 17 1948 by John W. Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 87 TO DE48-0087 11/29/12 KMC

MAR 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated, when such report is accompanied by a certi-~~ficate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-218-004-546

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 13 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Harriet Eloise Richardson

5. Date of Birth of Child (Month, day, year) May 18 1886

6 Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David L. Hughes
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Ottumwa, (City or town) Iowa (State or foreign country)
14. Exact Occupation Railroad agent
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Edwards
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Russell (City or town) Gulch, Colo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of CALIFORNIA
County of SAN DIEGO } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 62 years, and that Gertrude (First name) Mudge (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Mudge Signature
P. O. Address

Subscribed and sworn to before me this 5th day of April 1948
(SEAL) Virginia O. Duff
My Commission Expires July 14, 1950
Notary Public, residing at San Diego, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-1414 Idaho Code Annotated.)

Received for filing on April 14, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 181 TO DE48-0181 12/10/12 KMC

APR 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-216-001-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0407
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years, months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Anna Ferrell

5. Date of Birth of Child (Month, day, year) June 16 - 1886

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Felix Newton Ferrell
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Rock Hill, (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Johnston
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Rock Hill, (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 62 years, and that Arotic Bowers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Goodmore Signature
1820 N 30 St Boise P. O. Address

Subscribed and sworn to before me this 8th day of June, 1948.
(SEAL) Maud Breshears, Notary Public, residing at Boise Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 14 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 407 TO DE48-0407 12/19/12 KMC

JUN 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-126-016-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0417
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Joseph M. Fairchild

5. Date of Birth of Child (Month, day, year) Jan. 26, 1886

6 Sex M

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy reg

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Moroni J. Fairchild
11. Color or Race Wh.
12. Age at time of THIS birth 30 yrs.
13. Birthplace Utah ? (City or town) Weber County (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Jessie Hatch
17. Color or Race Wh
18. Age at time of THIS birth 24 yrs.
19. Birthplace State of Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Jeanette Dayley deceased now was midwife (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 62 years, and that Jeanette Dayley (First name) -midwife (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Jessie Fairchild Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of June, 19 48
(SEAL) Henry W. Nichols Notary Public residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1948 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 417 TO DE48-0417 12/20/12 KMC

JUN 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-124
006-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0855
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Oxford
(c) Street Address or R.F.D. No. - - - - - -.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho, (b) County Bingham.
(c) City Oxford.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ROBERT CHARLES LEWIS, JR.

5. Date of Birth of Child (Month, day, year) March 24, 1886.

6 Sex Male.

7. Twin or Triplet - - -

If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** ROBERT CHARLES LEWIS,
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Richmond, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ANN ANDERSON
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Brigham City, (City or town) Utah. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for all his life, over 62 yrs. years, and that Mrs. Cooper, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Anderson Lewis Signature

Pocatello, Idaho. 616 S. 9th Ave. P. O. Address

Subscribed and sworn to before me this fifth day of October, 1948.

My commission Expires October 16 1948 (SEAL) Fred Turner, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-918, Idaho Code Annotated.)

Received for filing on Oct 21, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 21 1948

FILE # FROM 855 TO DE48-0855 1/15/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-206 RECEIVED
006-335 NOV 2 1948

United States Department of Commerce Bureau of the Census — DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0953
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City nearest Post
   (c) Street Address or R.F.D. No. Office was Oneida, now Arimo, Idaho.
   (d) Name of Hospital or Maternity Home: Birth was at Parents Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock,
   (c) City Rural, between Oxford and Oneida,
   (d) Street Address or R.F.D. No. Idaho.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** NANCY ELLEN PALMER

5. Date of Birth of Child (Month, day, year) Jan. 6, 1886.

6. Sex Female. 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** HENRY MARTIN PALMER
11. Color or Race WHITE 12. Age at time of THIS birth 25 yrs.
13. Birthplace Alabama. (City or town) (State or foreign country)
14. Exact Occupation Sawmill operator.
15. Industry or Business Lumber business.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA ELLEN CLEMENTS.
17. Color or Race WHITE. 18. Age at time of THIS birth 21 yrs.
19. Birthplace OXFORD, (City or town) IDAHO. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for all her life / 62 years, and that Cynthia Walker, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Byington Palmer Signature
Pocatello, Idaho. R.F.D. #1 South P. O. Address

Subscribed and sworn to before me this 18th day of May, 1948.
(SEAL) Thos. J. Turner, Notary Public, residing at Pocatello, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 24, 1948 by W. W. Benzyer by Mabel F. Geeter, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 953 TO DE48-0953 1/22/13 KMC

NOV 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 - 221 - 022 - 231

RECEIVED
DEC 6 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0995
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) 1 year

4. **FULL NAME OF CHILD** [redacted] GERTRUDE NELLIE HARRIS

5. Date of Birth of Child (Month, day, year) May 21, 1886

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Henry William Harris
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Douglas Isle of Mann (City or town) - England (State or foreign country)
14. Exact Occupation Resturanteur
15. Industry or Business Resturants

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Blake
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Toronto (City or town) Canada (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for 62 years, and that Doctor (First name) (Last name), who attended this birth [illegible] (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawrence H. Harris Signature
2918 NE Milton St. Portland Or. Address

Subscribed and sworn to before me this 10 day of November, 1948.

(SEAL) [illegible], Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 7, 1948 by W W Benson, Registrar

1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1948

FIEL # FROM 995 TO DE48-0995 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-211
629-691

RECEIVED
DEC 23
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Frazier

5. Date of Birth of Child (Month, day, year) April 11 1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Marion Frazier
11. Color or Race White American
12. Age at time of THIS birth 42 yrs.
13. Birthplace Jackson (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Pamelia Frazier
17. Color or Race White American
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mine Lamole (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend of family (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 60+ years, and that Dr. Blake (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
Moscow Idaho
P. O. Address

Subscribed and sworn to before me this 22nd day of Dec 1948

(SEAL) Bessie Bahnet, Ex Officio Auditor and Recorder, Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 22, 1948 by W U Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1034 TO DE48-1034 1/30/13 KMC

DEC 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-204
004-355

RECEIVED JAN 20 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City St. Charles
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St. Charles
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mary Elizabeth Hill

5. Date of Birth of Child (Month, day, year) Oct 4, 1886

6 Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Issaac Hill
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Tremelling
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Ventura } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 62 years, and that (Unknown) (First name) Beargreen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulla S Steinser Signature
1614½ Beloit, West Los Angeles, Calif P. O. Address

Subscribed and sworn to before me this 17th day of January, 1949
(SEAL) Charles O. Frock, Notary Public, residing at 417 So. B St. Oxnard, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-21-49 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1949

FILE # FROM 1096 TO DE49-1096 2/5/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-113-045 RECEIVED

United States Department of Commerce Bureau of the Census 863 FEB 1 9

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1161
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ALTURAS (b) City SHOSHONE
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mothers stay BEFORE delivery: In THIS county 6 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ALTURAS
(c) City SHOSHONE
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) SHOSHONE, IDA

4. FULL NAME OF CHILD DENNIE BRADFORD ROBERTSON

5. Date of Birth of Child (Month, day, year) FEB. 13, 1886

6 Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ✓

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH B. ROBERTSON
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace DES MOINES (City or town) IOWA (State or foreign country)
14. Exact Occupation DAIRYING
15. Industry or Business MILK PRODUCER

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH T. HOLLIDAY
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace SHELBYVILLE (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of WASHINGTON
County of KING } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 62+ years, and that MRS. RUDOLPH HOLLIDAY (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. E. Holliday Signature
Des Moines Wash. P. O. Address

Subscribed and sworn to before me this 18 day of January, 1949.
(SEAL) Robert C. Stickler, Notary Public, residing at Des Moines Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 14, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1949

FILE # FROM 1161 TO DE49-1161 2/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-226-001-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1256
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City STAR
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME OF PARENTS
(e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 8 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City STAR
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** DONNA ANNIE HILL

5. Date of Birth of Child (Month, day, year) 3-26-1886

6 Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY HILL
11. Color or Race WHITE
12. Age at time of THIS birth 47 yrs.
13. Birthplace NASHVILLE (City or town) TENN. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCRETIA HILL
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace COTTONWOOD POINT (City or town) MO. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number ~~of children of this mother: (a) At time of birth and including~~ this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by MAUD LAWRENCE (First name) (Last name) who is related as SISTER (Mother, etc.)

25. Attendant's **OWN** signature Maud Lawrence **M.D.** Midwife Address Boise Idaho Date 8-6-1945

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19.

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 17, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1256 TO DE49-1256 11/6/2013-LLE

MAR 17 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-202-025-239

RECEIVED
MAR 17
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1259
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Idaho (b) City: Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Idaho
   (c) City: Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grill Idaho

4. **FULL NAME OF CHILD** Nellie May Sebastian

5. Date of Birth of Child (Month, day, year) 1/2-1886

6. Sex female

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Victor Emanuel Sebastian
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Oregonality Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Jane Stilwell
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Prescot Washington (City or town) (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Idaho } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 63 years, and that Pherba (First name) Stilwell (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna M. Yandell Signature
Riggins Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March 1949

(SEAL) G. H. Smith, Notary Public, residing at Riggins, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 17, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1259 TO DE49-1259 11/6/2013-LLE

MAR 1? 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-102-037-255

United States Department of Commerce Bureau of the Census

RECEIVED MAR 28 1949 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of birth)
(a) County Owyhee (b) City Castle Creek
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Castle Creek
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Castle Creek, Ida.

4. FULL NAME OF CHILD Frederick William Bennett

5. Date of Birth of Child (Month, day, year) June 2, 1886

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Bennett
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Annie Benney
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Cornwall (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FRIEND (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 62 years, and that Martha (First name) Henderson (Last name) (My Mother), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Henderson Stein Signature

Glenns Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 1949.

(SEAL) Ethel B. Stein, Notary Public, residing at Mtn. Home, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 29, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1296 TO DE49-1296 11/7/2013-LLE

MAR 29 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-121-030-214

United States Department of Commerce Bureau of the Census

RECEIVED APR 9 1949 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1327
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City NicHolia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county r years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County LEMHI
   (c) City NicHolia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** WILLIAM RICHARD ROSCOE

5. Date of Birth of Child (Month, day, year) Nov. 21, 1886

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** DeKalb William Roscoe
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Smelter worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha L. Baulm
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Missoula } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 63 years, and that Mrs. William Hager (midwife) (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aurora Jewett Signature

1535½ Howell, Missoula, Montana P.O. Address

Subscribed and sworn to before me this 24th day of February, 1949.

(SEAL) Lucyle M. Moore Notary Public, residing at Missoula, Mont. Comm. Expires 12/31/51.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 11, 1949 by W. E. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1327 TO DE49-1327 11/7/2013-LLE

APR 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251 - 204
244 - 699

RECEIVED
MAY 2 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1396
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Weiser
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~2~~ years 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Weiser
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Mary Saforonia Beach

5. Date of Birth of Child (Month, day, year) 9-4-1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd ? **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Beach
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Helen Wright
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Lived at home
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Uinta } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all my life years, and that (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alzneda Beach Widdop Signature
Mt. View, Wyo. P. O. Address

Subscribed and sworn to before me this 29 day of April, 1949

(SEAL) W W Bulen Jr. Comm. Expires 6/3/53 Notary Public, residing at H. Bridger, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 3, 1949 by W W Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1396 TO DE49-1396 11/8/2013-LLE

MAY 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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OCT 31 1950

843-211
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RECEIVED
MAY 12 1949
DIV. OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1438
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. -
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dora Helen Hull

5. Date of Birth of Child (Month, day, year) Nov 11-1886-

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Manlove Cramer Hull

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Ill - (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lou Eleanor Daniels

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Mo (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 63 years, and that I do not remember (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Edgar H. Hull Signature
1809 N 12 P. O. Address

Subscribed and sworn to before me this 11th day of May, 1949
(SEAL) E. E. Kaskoutas, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 12, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1438 TO DE49-1438 11/12/2013-LLE

MAY 12 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279 - 215
001 - 168

RECEIVED
MAY 17
BUREAU OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1460
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Salome Eunice Sprague

5. Date of Birth of Child (Month, day, year) March 15, 1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Turner Sprague
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bangor, Maine (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Mortense Johnson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Nevada City, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 --- years of age, that I have known this person for 63 years, and that Dr. Fred Smith (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Stella Jones Signature
1212½ So. Westmoreland L.A. Calif. Address

Subscribed and sworn to before me this 2nd day of May, 1949.
(SEAL) Maude M. Hill, Maude M. Hill, Notary Public, residing at 2300 W. Pico Blvd, Los Angeles California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 18, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1460 TO DE49-1460 11/12/2013-LLE

MAY 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-221-035-191

United States Department of Commerce Bureau of the Census

RECEIVED JUN 2 1949 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1504
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. ne
   (d) Name of Hospital or Maternity Home: At own home, no address known
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. one known ("G" St.)
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ione Cassie Denney

5. Date of Birth of Child (Month, day, year) Oct. 21, 1886

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Denney
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace xxxx (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Rosalee Arant
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace On a farm near Lawrence (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 12:00 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) Doctor and father both deceased now.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for since birth years, and that Dr. Shaff (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary P. Denney. Signature

My Commission Expires August 27, 19 50

#908 Worsham Drive Whittier, Calif P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 49.

(SEAL) Alice T. Manuel, Notary Public, residing at Whittier, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 2, 1949 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1504 TO DE49-1504 11/13/2013-LLE

JUN 2 1949

JUL 22 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 - 219 - 060 - 459

RECEIVED

JUN 23 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1568
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Idaho Falls
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Eliza Jane Hargraves

5. Date of Birth of Child (Month, day, year) Sept. 19, 1886

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Alexander Hargraves
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Merrill
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rexburg Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of San Diego } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 62½ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elizabeth Huber Hargraves Signature
3822 Fairmount Ave., San Diego 5, Address

Subscribed and sworn to before me this 14th day of June, 1949

(SEAL) HENRY S. STORK My Commission Expires July 13, 1952 Henry S. Stork, Notary Public, residing at San Diego, Cal. NOTARY PUBLIC in and for the County of San Diego, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 24, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1568 TO DE49-1568 11/14/2013-LLE

JUN 24 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 - 201-001-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1686
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Robie May Thompson

5. Date of Birth of Child (Month, day, year) Mch. 1, 1886

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amos G. Thompson
11. Color or Race "hite
12. Age at time of THIS birth 55 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Wagon Maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Brimeson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for life years, and that Dr. January (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amos H Thompson Signature

P. O. Address

Subscribed and sworn to before me this 1st day of August 1949.

(SEAL) Mabel F. Gilfer, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 1, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1686 TO DE49-1686 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 1 1949

593-113-013-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-60
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SAMUEL HARRY NICHOLSON		2. Date Of Birth (month) April (day) 13 (year) 1886	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: (Camas)	b. City or Town of Birth: CAMAS
FATHER	6. Full Name of Father: NANNING JULIUS NICHOLSON		7. State or Country of Father's Birth: Germeny	
MOTHER	8. Full Maiden Name of Mother: HANNA MARIE JACOBSON		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel H. Nicholson	11. Present Address of Registrant: Trona, California	
NOTARY (Seal)	Subscribed and sworn to before me on March 31 19 50	12. Signature of Notary: Samuel T. Barnes Jr	13. Notary Commission expires April 5th. 19 52	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Social Security #556-10-6300	Date Issued: Dec.1,1936	Date Orig. Entry: 12-1-36
Class* B	Date of Birth: 4-13-1886 / Birth Place: Camas, Idaho	Full Name of Mother: Hanna Marie Jacobson	Name of Father: Nanning Julius Nicholson	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers Bureau of Navigation , Navy Dept.	By whom issued and signed: Ensign G. S. Beach	Date Issued: 2-3-1908	Date Orig. Entry:
Class B	Date of Birth: 4-13-1886 / Birth Place: Camas, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate	By whom issued and signed: State of Colorado	Date Issued: Feb. 27, 50	Date Orig. Entry: 6-29-17
Class B	Date of Birth: 31 yrs old / Birth Place: Camas, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: 4-4-1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 5 1950

249-201-029-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-117
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL ETHE SMITH		2. Date of Birth (month) JAN (day) 1 (year) 1886	
	3. Color or Race: CAUCASIAN	4. Sex: FEM.	5. Place of Birth a. County: MOSCOW, LATAH CO., IDAHO	b. City or Town of Birth: MOSCOW
FATHER	6. Full Name of Father: PERSIFER L. SMITH			7. State or Country of Father's Birth: CALIFORNIA
MOTHER	8. Full Maiden Name of Mother: RACHEL ELIZABETH MILLER			9. State or Country of Mother's Birth: OHIO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pearl Ethe Smith Frevert	11. Present Address of Registrant: CRESCENT CITY, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on APRIL 10, 19 50		12. Signature of Notary: Alyce Moseley	13. Notary Commission expires MAY 30 19 50

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Affidavit by Verna Burdin, Notary, viewed Bible	Date Issued: Feb. 17, 1950	Date Orig. Entry: Jan. 1, 1886
Class* A	Date of Birth: Jan. 1, 1886 / Birth Place:	Full Name of Mother: Rachel E. Smith	Name of Father: P. L. Smith	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: Bureau of Vital Statistics Salt Lake, Utah	Date Issued: 7-5-40	Date Orig. Entry: May 15, 1918
Class B	Date of Birth: At that time 32 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keller		Date Filed: June 1, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 1 1950

619-108-016-343

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-152
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Edward Warr		2. Date Of Birth (month) June (day) 8 (year) 1886	
	3. Color or Race: white	4. Sex: mail	5. Place of Birth a. County: Oakley, Cassia Co. Idaho	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: William Warr		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Gertrude Isabelle Tuttle		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Edward Warr	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on June 26 1950	12. Signature of Notary: Earl Whitehead	13. Notary Commission expires April 12 1952	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Church Record	By whom issued and signed: Church of Jesus Christ of Latter-Day Saints	Date Issued:	Date Orig. Entry: June 8, 1886
Class* A	Date of Birth: June 8, 1886 / Birth Place: Oakley, Idaho	Full Name of Mother: Gertrude Isabelle Tuttle	Name of Father: William Warr	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Church of Jesus Christ of Latter-Day Saints	Date Issued: 6-24-50	Date Orig. Entry: 6-8-1886
Class A	Date of Birth: June 8, 1886 / Birth Place: Oakley, Idaho	Full Name of Mother: Gertrude Isabelle Tuttle	Name of Father: William Warr	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Walter Helsley	Date Filed: June 28, 1950	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 28 1990

818-127-004-699

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dc 50-163
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wells P. Hayes		2. Date of Birth (month) Jan (day) 27 (year) 1886
	3. Color or Race:	4. Sex: white	5. Place of Birth a. County: b. City or Town of Birth: Georgetown Idaho
FATHER	6. Full Name of Father: Nephi Hayes		7. State or Country of Father's Birth: Bear Creek Illinois
MOTHER	8. Full Maiden Name of Mother: Eliza Wright Hayes		9. State or Country of Mother's Birth: Gorlstom England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wells P. Hayes	11. Present Address of Registrant: Tuscarora Nevada
NOTARY (Seal)	Subscribed and sworn to before me on June 15 1950	12. Signature of Notary: Geo R Bowden	13. Notary Commission expires June 29 1950

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Ward Record		By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry:
Class* B	Date of Birth: 1/27/1886	Birth Place: Georgetown, Idaho	Full Name of ~~Mother~~ father: Nephi Hayes	Name of ~~Father~~ mother: Eliza Wright	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination		By whom issued and signed: R. Bruce Mayor, Ward Clerk	Date Issued: 4/16/25	Date Orig. Entry: 4/16/25
Class B	Date of Birth: 1-27-1886	Birth Place: Georgetown, Idaho	Full Name of Mother: Eliza Wright	Name of Father: Nephi Hayes	
SUPPORTING RECORD 3.	Type of Document: Family Group Genealogy		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class B	Date of Birth: 1/27/1886	Birth Place: Georgetown, Ida.	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Wanda Evans	Date Filed: July 10, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy sd.

FILE # FROM DE-50-163 TO DE50-163 1/3/2014 LLK

JUL 11 1950

113-107-029-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50- 166
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy Daniel Jackson		2. Date of Birth (month) Jan (day) 7 (year) 1886	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Troy Idaho
FATHER	6. Full Name of Father: Benjamin Jackson			7. State or Country of Father's Birth: Glasgow Scotland
MOTHER	8. Full Maiden Name of Mother: Sarah Sweeney			9. State or Country of Mother's Birth: Tiffany, Ohio.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy D Jackson		11. Present Address of Registrant: 1483 E. Alisal, Salinas, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 – 1950	12. Signature of Notary: CM Brownlee		13. Notary Commission expires: June 9 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Army Discharge	By whom issued and signed: United States Army	Date Issued: 12/3/1918	Date Orig. Entry: 12/3/1918
Class* B	Date of Birth: 32 yrs. on 1/21/18	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: State Farm Life Ins. Co.	Date Issued: 1/11/33	Date Orig. Entry: 1/11/33
Class B	Date of Birth: 47 yrs. on 1/11/33	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: State of California City & County of San Francisco	Date Issued: Oct. 6, 1920	Date Orig. Entry:
Class B	Date of Birth: 33 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F Geldes	Date Filed: 7-12-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 22 1954

JUL 12 1950

853-120-029-566

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-227
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willie Albert Helt			2. Date of Birth (month) (day) (year): January 20, 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Cora
FATHER	6. Full Name of Father: Bernhard Helt (Heldt)			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Bertha Nowack			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William A. Helt		11. Present Address of Registrant: Route 6, Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 19 50	12. Signature of Notary: Mabel Keefer		13. Notary Commission expires: May 7, 1952 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: Paul Hein, Pastor	Date Issued: 11/20/1889	Date Orig. Entry: 11/20/1889
Class* A	Date of Birth: 1/20/1886	Birth Place: Latah County	Full Name of Mother: Bertha	Name of Father: Bernhard Helt (Heldt)
SUPPORTING RECORD 2.	Type of Document: Idaho No. 15406 Birth Certificate of Child	By whom issued and signed: J. H. Murphy, M.D.	Date Issued: 8/30/13	Date Orig. Entry: 8/30/13
Class B	Date of Birth: Age was 27 yrs.	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Wanda Evans		Date Filed: 8-23-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

867-104-044-145

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 1 2 1950 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-230
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Simeon Hopper			2. Date Of Birth (month) March (day) 4 (year) 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Middle Valley Washington	b. City or Town of Birth: No town at that time
FATHER	6. Full Name of Father: Moses Hamilton Hopper			7. State or Country of Father's Birth: Kentuckey
MOTHER	8. Full Maiden Name of Mother: Susan Catherine Ader			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Simeon Hopper		11. Present Address of Registrant: Hazelton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on August 10 1950	12. Signature of Notary: W. L. Mitchell		13. Notary Commission expires Jany 10 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Viewed by W. L. Mitchell, Notary Public	Date issued: 8/13/50	Date Orig. Entry: 1886
Class* A	Date of Birth: March 4, 1886	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of America	Date issued: Feb. 1, 1911	Date Orig. Entry: same
Class B	Date of Birth: March 4, 1886, Idaho	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fuller		Date Filed: Aug 25, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 cp 8d

AUG 29 1950

AUG 25 1950

JAN 25 1965

231-205-001-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-262
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Irene Blanchard		2. Date of Birth (month) Aug. (day) 5 (year) 1886	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Edward Chauncy Blanchard		7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Rose M Perkins		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Irene McBride	11. Present Address of Registrant: Atascadero, Cal. Rt 2 Box 212	
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1950	12. Signature of Notary: Mabel Fielder	13. Notary Commission expires: May 7 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record (Boise)	By whom issued and signed: Zed Foy, Supt. of Schools	Date issued: 5/18/50	Date Orig. Entry: 1903
Class* B	Date of Birth: 16 yrs. in 1903 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Daughter	By whom issued and signed: Otto F. Peterson, Recorder	Date issued: 5/18/50	Date Orig. Entry: 8-8-1907
Class B	Date of Birth: 21 yrs. on 8-8-1907 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date issued: 8-29-1950	Date Orig. Entry: 1920
Class B	Date of Birth: 33 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: 9-6-50	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 6 1990

793-225-001-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE51-0438
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: May Addline Gilbert
2. Date Of Birth (month) January (day) 25 (year) 1886
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise, Idaho — Ada
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: John Richard Gilbert
7. State or Country of Father's Birth: Bingham, Utah

MOTHER

8. Full Maiden Name of Mother: Jane Brack
9. State or Country of Mother's Birth: Bolivar, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: May Addline Mercer
11. Present Address of Registrant: 1427 Grant Ave.

NOTARY (Seal)

Subscribed and sworn to before me on January 8 1951

12. Signature of Notary: Charlotte V. Bowers
13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible Record	Mother and Father	1-25-1886	1-25-1886

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-25-1886	Boise, Idaho	Jane Brack	John Richard Gilbert

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	American Home Benefit	4-1-36	4-1-36

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-25-1886	Boise, Idaho	Jane Brack	John Richard Gilbert

SUPPORTING RECORD 3.

Class _____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	1-9-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CORRECTED FILE # FROM DE50-438 TO DE51-0498 5/29/2014

JAN 10 1951

964-127-014-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-522
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Franklin Rode			2. Date of Birth (month) (day) (year): September 27 1886
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William G. Rode			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Milinda Elizabeth Schwarm			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Franklin Rode		11. Present Address of Registrant: 704 Dearborn Caldwell Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 12, 1951	12. Signature of Notary: Mabel Fielder		13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Mother and Father	Date Issued: 9-27-1886	Date Orig. Entry:
Class* A	Date of Birth: 9-27-1886 / Birth Place: Caldwell, Idaho	Full Name of Mother: Milinda Elizabeth Schwarm	Name of Father: William G. Rode	
SUPPORTING RECORD 2.	Type of Document: Genealogie of Rode Family	By whom issued and signed: Dr. Jur. Hans M. W. Rode	Date Issued: 1909	Date Orig. Entry: 1909
Class B	Date of Birth: 9-27-1886 / Birth Place: Caldwell, Idaho	Full Name of Mother: Milinda Elizabeth Schwarm	Name of Father: William G. Rode	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Carol Bennett	Date Filed: 1-12-51	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 13 195

555-121-044-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, IDAHO

4. **FULL NAME OF CHILD** James Newton Neel

5. Date of Birth of Child (Month, day, year) March 21 1886

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Clay Neel
11. Color or Race WHITE
12. Age at time of THIS birth 51 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Ann Noel
17. Color or Race WHITE
18. Age at time of THIS birth 39 yrs.
19. Birthplace KENTUCKY (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 66 years, and that Have No Knowledge (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

922 Richmond El Cerrito P. O. Address

Subscribed and sworn to before me this 8 day of March, 1951.

(SEAL) Beatrice Raymond, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 13, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

766-119-037-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-631
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Jacob Goff			2. Date of Birth (month) May (day) 19 (year) 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Oreana
FATHER	6. Full Name of Father: Jacob Curry Goff			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Rachel S. Goff			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Jacob Goff		11. Present Address of Registrant: 6215 Poplar St Boise
NOTARY (Seal)	Subscribed and sworn to before me on: 20 March 1951	12. Signature of Notary: Mabel Helen		13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: State of Idaho	Date Issued: 5-4-15	Date Orig. Entry: 5-4-15
Class* B	Date of Birth: 29 Yrs. / Birth Place: Oreana, Idaho	Full Name of Mother: Rachel S. Goff	Name of Father: Jocob Curry Goff	
SUPPORTING RECORD 2.	Type of Document: Affidavit from Brother	By whom issued and signed: William E. Goff	Date Issued: 3-20-51	Date Orig. Entry:
Class B	Date of Birth: 5-19-1886 / Birth Place: Oreana, Idaho	Full Name of Mother: Rachel S. Goff	Name of Father: Jacob Curry Goff	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Gem State Mutual Life	Date Issued: 4-5-42	Date Orig. Entry: 4-5-42
Class B	Date of Birth: 5-19-1886 / Birth Place: Orena, Idaho	Full Name of Mother: Rachel S. Goff	Name of Father: Jacob Curry Goff	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Carol Bennett	Date Filed: 3-21-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 21 1951

796-202-014-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-690
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER New Plymouth, Ida.

4. FULL NAME OF CHILD Camolia Estella Growes

5. Date of Birth of Child (Month, day, year) Oct. 2, 1886

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Growes
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Shoe Maker

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Neal
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Fayetteville, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother-in-Law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 64 yrs. 6 mo. years, and that Malissa Neal (First name) Neal (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 19 56

(SEAL) O. Pray, Notary Public, residing at New Plymouth

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

N.M.

APR 4 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

369-105-025 [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED MAY 5 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-797
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ANDREW CORSI			2. Date of Birth (month) 5 (day) 5 (year) 1886
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: MALTA IDAHO
FATHER	6. Full Name of Father: JOSEPH CORSI			7. State or Country of Father's Birth: ITALY
MOTHER	8. Full Maiden Name of Mother: MARGARET MC MEMEMY			9. State or Country of Mother's Birth: SCOTLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John A. Corsi		11. Present Address of Registrant: 28 COTTAGE AVE. RICH
NOTARY (Seal)	Subscribed and sworn to before me on: May 2nd 1951	12. Signature of Notary: Lamie Meghetti		13. Notary Commission expires: March 17 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date issued: 1920 Census	Date Orig. Entry
Class* B	Date of Birth: May 5, 1886, ~~Idaho~~	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Standard Oil of Calif.	Date issued: Apr. 30, 1951	Date Orig. Entry
Class B	Date of Birth: May 5, 1886,	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: County School Sup't Santa Rosa, Calif.	Date issued: Oct. 4, 1950	Date Orig. Entry
Class B	Date of Birth: 14 Years old in 1901-1902	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Besnon	Evidence reviewed by: Mabel Heeder	Date Filed: May 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 Ppd

MAY 7 1951

249-204-001-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 21 1951

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1165
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie C. Smith			2. Date Of Birth (month) June (day) 4 (year) 1886
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: H. G. Smith			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Anna C. Johnson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie C. Watt		11. Present Address of Registrant: Mike Horse, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: August 15, 1951	12. Signature of Notary: James W. Pfeiffer		13. Notary Commission expires: December 12, 1952.

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: United States Census 1920	By whom issued and signed: Roy V. Peel, Director	Date Issued: July 19, 1951	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 33 years	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class	Type of Document: Marriage Record,	By whom issued and signed: License; Samuel M. Roberts, Clerk Certificate: S. C. Blakiston Return: April 6, 1904	Date Issued: March 7 March 8,	Date Orig. Entry: 1904 1904
	Date of Birth: Age 18, 1904	Birth Place: Idaho	Full Name of Mother: Anna C. Smith	Name of Father: H. G. Smith
SUPPORTING RECORD 3. Supporting No. 4 Class	Type of Document: Age 16, 1902 School Record	By whom issued and signed: Leo C. Musburger County Superintendent	Date Issued: Sept. 21, 1902	Date Orig. Entry
	Date of Birth: Registration for Voting	Birth Place: Idaho Madison County, Montana	Full Name of Mother: Issued and signed (Seal) by John C. Tolson,	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by: Mabel Keeler		Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 27

766-106-022-916

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-1188
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Egin, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph Richard Powell

5. Date of Birth of Child (Month, day, year) 6 Nov. 1886

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Powell
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Rawson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 yrs. years of age, that I have known this person for Life time 64 years, and that Sarah Parker (First name) Midwife (Last name), who attended this birth Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Rawson Signature
310 W 1st So. Starthorp Idaho Address

Subscribed and sworn to before me this 22 day of January, 1951.
(SEAL) E. L. Powell, Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 29, 1951 by W. W. Benson, Registrar

Send certificate to E. L. Powell, Box 496 Rexburg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 30 195

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

942-118-028-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 16 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2131
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Brayton Rusie			2. Date of Birth (month) (day) (year): December 18, 1886
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: ?	b. City or Town of Birth: Coeur D'Alene, Idaho
FATHER	6. Full Name of Father: Owen Rusie			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Clara Ellis			9. State or Country of Mother's Birth: Portland, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm. B. Rusie		11. Present Address of Registrant: 1609 Riverside Blvd.
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1951	12. Signature of Notary: [signature]		13. Notary Commission expires: July 4 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Mutual Benefit Health Insurance Co.	Date Issued:	Date Orig. Entry: Apr. 20, 1949
Class* B	Date of Birth: Dec. 18, 1886 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Clerk of the District Court,	Date Issued: Woodbury,	Date Orig. Entry: Iowa, 3-24-27
Class B	Date of Birth: Dec. 18, 1886 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Voting Registration	By whom issued and signed: City Clerk, Sioux City, Iowa	Date Issued: 10-5-51	Date Orig. Entry:
Class B	Date of Birth: Dec. 18, 1886 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Oct. 15, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 16 1930

156-130-007-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2154
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Guy Lawson Jewett
5. Date of Birth of Child (Month, day, year) 8/30/86
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ELIHUE WEBSTER JEWETT
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Stone mason - farmer-also
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Mae Smith
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 65 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x H. E. Jewett Signature
Route 3, Box 156 Kirkland Address

Subscribed and sworn to before me this 16 day of October, 19 51
(SEAL) C. G. Nielsen, Notary Public, residing at Kirkland Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 23, 1951 by W. E. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

2 Copies Issued

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 23 1967

DELAYED

395-201-014-415

RECEIVED NOV 6 1951 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Mary Ocea Lively

5. Date of Birth of Child (Month, day, year) Feb. 1 1886

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos Lively
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Cuba (City or town) Missouri (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mahala Clementine Mansell
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Riceville (City or town) Tenn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 57 years, and that Sara (First name) Alexander (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H Lively Signature
Middleton Idaho P. O. Address

Subscribed and sworn to before me this 6 day of March, 1943.
(SEAL) M Russell Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 7, 1951 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 8 195

DELAYED

699-213-036-662

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 10 1951
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2210
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herena Wright		2. Date of Birth (month) December (day) 13 (year) 1886	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Oneida	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Joseph Smith Wright		7. State or Country of Father's Birth: Busby Scotland.	
MOTHER	8. Full Maiden Name of Mother: Herena Foster		9. State or Country of Mother's Birth: Ogden Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Herena Killian	11. Present Address of Registrant: 3032½ Theresa St Long Beach California.	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 5 1951	12. Signature of Notary: Glenn S. Wright	13. Notary Commission expires: July 5 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: June 5, 1895
Class* A	Date of Birth: Dec. 13, 1886	Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of the Commerce Bureau of the Census	Date Issued:	Date Orig. Entry: 1900
Class B	Date of Birth: Dec. 13, 1886	Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Freeman		Date Filed: Nov. 13, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 14 1951

864-123-040-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED DEC 3 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2262
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester George Young		2. Date of Birth (month) October (day) 23 (year) 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Murray Shoshone County; b. City or Town of Birth: Murray, Idaho
FATHER	6. Full Name of Father: George Sheldon Young		7. State or Country of Father's Birth: Wisconson
MOTHER	8. Full Maiden Name of Mother: Clara Lorena Richardson		9. State or Country of Mother's Birth: Wisconson
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester George Young	11. Present Address of Registrant: 347 Mullen Walla Walla, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on Oct 26 1951	12. Signature of Notary: E. L. Casey	13. Notary Commission expires: Jan 17 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	State of Washington		July 26, 1907
Class* B	Date of Birth: Oct. 23, 1886 / Birth Place: Murray, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Lodge Record	Trinity Lodge No. 121		11-18-1907
Class B	Date of Birth: Oct. 23, 1886, / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	School Record	Baker School, Walla Walla, Wn.		1898
Class B	Date of Birth: 11 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Also, marriage record gives the age as 20 yrs old on Jan. 15, 1907. Insurance policy with the Northwestern Mutual Life Insurance Co. gives the date of birth as Oct. 23, 1886.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freefer	Dec. 3, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name		2. Date of birth
	3. Color or race	4. Sex	5. City or town or place of birth
FATHER	6. Full name of father		7. Country of Father's Birth
MOTHER	8. Full name of Mother		9. Country of mother's birth
AFFIDAVIT	I hereby [illegible] upon each [illegible] of Registrant [illegible] Present Address of Registrant above statements are true to the best of my knowledge and belief.		
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19 _____	12. Signature of Notary	13. Notary Commission expires

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* _____	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Father	
SUPPORTING RECORD 2- Class _____	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	
SUPPORTING RECORD 3- Class _____	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	State Registrar	Evidence reviewed by

DEC 3 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40061

855-124-022-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2341
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Teton City Idaho

4. FULL NAME OF CHILD Jarvis Henderson

5. Date of Birth of Child (Month, day, year) Nov. 24, 1886

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Oacer
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Kayeville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Mc Kinlay
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Tunebull (City or town) Scotland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jeanette (First name) Ricks (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Teton City Date Nov 24 1886

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 65 years, and that (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jeanette Ricks Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Jan, 1952.
(SEAL) [illegible] Notary Public, residing at Rexburg
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 8, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1952

DELAYED

285-214-035-655

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2379
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beth Augusta Sherwin			2. Date of Birth (month) (day) (year): November 14 1886
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewiston Nez Perce	b. City or Town of Birth: Lewiston Idaho
FATHER	6. Full Name of Father: Elbert Campbell Sherwin			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Bertha Lee Sherwin			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beth S. Barton		11. Present Address of Registrant: Weiser Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1952	12. Signature of Notary: [illegible]		13. Notary Commission expires: 6-15- 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: St. Lukes Church	Date Issued:	Date Orig. Entry: May 28, 1933
Class* B	Date of Birth / Birth Place: Nov. 14, 1886, Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Archie Newton Dyer	Date Issued: Dec. 28, 1951	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Nov. 14, 1886, Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Minnie Rambo	Date Issued: Jan. 2, 1952	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Nov. 14, 1886, Lewiston, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F Eeder	Date Filed: Jan. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 22 1952

962-122-016-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2716
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loren J. Robinson Jr.			2. Date Of Birth (month) July (day) 22 (year) 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oakley Ida, Cassia	b. City or Town of Birth: Oakley, Idaho
FATHER	6. Full Name of Father: Loren J. Robinson Sr.			7. State or Country of Father's Birth: Farmington Davis Co. Utah
MOTHER	8. Full Maiden Name of Mother: Sarah E. Richards			9. State or Country of Mother's Birth: Farmington Davis Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loren J. Robinson Jr.		11. Present Address of Registrant: Oakley Cassia Co. Ida
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 th. 1952 19	12. Signature of Notary: Lloyd G. Smith		13. Notary Commission expires: March 31, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: Nov. 4, 1886
Class* A	Date of Birth: July 22, 1886 / Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father: Loren J. Robinson, Sr.	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Insurance Co.	Date Issued: Apr. 14, 1952	Date Orig. Entry: 1936
Class B	Date of Birth: July 22, 1886 / Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Alfred Wilson	Date Issued: Apr. 3, 1952	Date Orig. Entry:
Class B	Date of Birth: July 22, 1886 / Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeler	Apr. 25, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

FOR STAMP

Please above stamp is being registered

1. Registrant's Full Name at Birth
Joyce J. Robinson

2. Date of Birth (Month) (Day) (Year)
July 22 1960

3. Sex
Female

4. Color or Race
White

5. Place of Birth (City or Town)
Oakley, Idaho

6. County
Cassia

7. State or Country of Registrant's Birth
Utah

FATHER

8. Full Name of Father
Loren J. Robinson Sr.

9. State or Country of Mother's Birth
Washington County, Utah

MOTHER

10. Full Maiden Name of Mother
Jarma J. Lobrede

11. Present Address of Registrant
Oakley Cassia Co. Ida

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief

12. Signature of Registrant

13. Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

SPECIAL - DO NOT WRITE BELOW THIS LINE

Supporting Record	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Birth Policy			
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Date of Baptism			
	Date of Birth	Birth Place	Full Name of Mother	Name of Father

CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Bureau of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing document

Date Registered | Evidence Filed | Date Filed

*Class A Records are those made at the time of birth by the attending physician or midwife. Class B Records are those made after the time of birth.

249131-006-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2719
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDWIN BANNISTER SMITH		2. Date of Birth (month) May (day) 31st (year) 1886	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Oxford, Idaho
FATHER	6. Full Name of Father: Edwin Smith		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Emma F. Bannister		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: Edwin Bannister Smith	11. Present Address of Registrant: 930 Binford St., Ogden, Utah.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 24th 1952	12. Signature of Notary: L. M. Nolan	13. Notary Commission expires: Sept 12th 1952	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Apr. 22, 1952	Date Orig. Entry: July 1, 1886
Class* A	Date of Birth: May 31, 1886 / Birth Place: Oxford, Idaho	Full Name of Mother: Emma F. Bannister	Name of Father: Edwin Smith	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Prudential Insurance Co.	Date Issued:	Date Orig. Entry: Sept. 2, 1915
Class B	Date of Birth: May 31, 1886 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for License to Marry-	By whom issued and signed: County Clerk, Weber County, Utah	Date Issued:	Date Orig. Entry: Apr. 5, 1922
Class B	Date of Birth: May 31, 1886 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Beeson	Date Filed: Apr. 25, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT

1. Registrant's Full Name at Birth: ANN ANASTASIA SMITH

2. Date of Birth (month) MAY (day) 31st (year) 1886

3. Color or Race: White

4. Sex: Male

5. Place of Birth (county): Bingham County

6. City or Town of Birth: Oxford, Idaho

FATHER

7. Full Name of Father: Edwin Smith

8. State or Country of Father's Birth: England

MOTHER

9. Maiden Name of Mother: Emma F. Lambeter

10. State or Country of Mother's Birth: England

AFFIDAVIT

I declare under penalty that the statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present Address of Registrant: 950 Binford St., Ogden, Utah.

Subscribed and sworn to before me on

13. Signature of Notary

14. Notary Commission expires

19

SUPPORTING RECORD 1

Type of Document

By whom issued and signed

Date issued

Date orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

By whom issued and signed

Date issued

Date orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Class

QUALIFICATION INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been found, which substantiates the facts as set forth in the foregoing abstract.

(seal)

Date Registered

Registrar

Date Filed

APR 29

Class A records are those made at the time of birth by persons having knowledge of the facts.
Class B records are those made after the [illegible] at least 5 years old.

396-130-029-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2894
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy Martin Crow			2. Date of Birth (month) Oct. (day) 30 (year) 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Kendrick Idaho
FATHER	6. Full Name of Father: Wayman Crow			7. State or Country of Father's Birth: Kentuckey
MOTHER	8. Full Maiden Name of Mother: Nancy McCoy			9. State or Country of Mother's Birth: Misouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy M Crow		11. Present Address of Registrant: 493-Blvd. Ashland Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1952	12. Signature of Notary: E N Dingmadter		13. Notary Commission expires: 2-12 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lodge Record	By whom issued and signed: Independent Order of Odd Fellows	Date Issued: May 20, 1952	Date Orig. Entry: Sept. 28, 1907
Class* B	Date of Birth: 21 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Northern Life Insurance Co.	Date Issued:	Date Orig. Entry: 3-29-1917
Class B	Date of Birth: Oct. 30, 1886, Kendrick, Idaho / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Passport	By whom issued and signed: Collector of Customs, San Francisco, Calif.	Date Issued: 10-30-18	Date Orig. Entry:
Class B	Date of Birth: 32 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder		Date Filed: June 6, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 6 1952

Lodge Record

Passport

Insurance Policy

Certificate of Authority, State Insurance, Idaho

Idaho

June 5, 1952

313-110-045-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2906
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Albert Calhoun			2. Date of Birth (month) Jan. (day) 10, (year) 1886
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Idaho a. County: Alturus	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: David Cabot Calhoun			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Charlotte Wilson			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm A Calhoun		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on June 11 1952	12. Signature of Notary: Mabel Felder		13. Notary Commission expires May 7 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Jan. 10, 1886
Class* A	Date of Birth: Jan. 10, 1886 / Birth Place: Bellevue, Idaho	Full Name of Mother: Charlotte Wilson	Name of Father: David Cabot	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: On file Bureau of Vital Statistics Boise, # 15947	Date Issued:	Date Orig. Entry: Aug. 16, 1913
Class B	Date of Birth: 27 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Operator's License	By whom issued and signed: State of Idaho	Date Issued: 12-9-47	Date Orig. Entry:
Class B	Date of Birth: 1-10-86 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Felder		Date Filed:

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OFFICIAL CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at birth: William Albert Gibson		
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho, Ada County
FATHER	6. Full Name of Father: David Cabot Gibson		
MOTHER	8. Maiden Name of Mother: Charlotte Wilson		
AFFIDAVIT	Affiant swears upon oath that the above statements are true to the best of his knowledge and belief. Subscribed and sworn to before me on _____	12. Signature of Registrant	13. Present Address of Registrant
		14. Signature of Notary	15. Notary Commission expires
CERTIFICATION OF BIRTH RECORD	Date of Issuance: Jan. 14, 1960. Type of Document: Certified Birth Record. Date of Birth: Jan. 10, 1900. Full Name of Registrant: William Albert Gibson. Sex: Male. Place of Birth: Ada County, Idaho. Full Name of Father: David Cabot Gibson. Full Name of Mother: Charlotte Wilson.		
	By whom issued and signed: Vital Statistics Unit, Bureau of Vital Statistics, State of Idaho	Date issued: Jan. 14, 1960	Date Orig. Entry: Jan. 10, 1900
SUPPORTING RECORD 2	Type of Document: 27 yrs old Image. Date of Birth: Birth Place: Full Name of Registrant: Full Name of Father:	By whom issued and signed: State of Idaho	Date issued: 12-2-42
REGISTRAR'S CERTIFICATION (seal)	I, the undersigned, certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been filed, which substantiates the facts as set forth in the foregoing abstract. State Registrar: W. N. Hanson	Signature of Registrar	Date Filed

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but at least a year old.

76-422-009-844

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2928
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorenzo George Poulsen		2. Date of Birth (month) Nov. (day) 22 (year) 1896	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Liberty Bear Lake Co.	b. City or Town of Birth: [illegible] Idaho
FATHER	6. Full Name of Father: James Poulsen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Mary Humphreys Poulsen		9. State or Country of Mother's Birth: Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorenzo George Poulsen	11. Present Address of Registrant: Ashland Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: May 5th 1952	12. Signature of Notary: Don M Graham	13. Notary Commission expires: Feb 23 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptised	Date Orig. Entry: Aug. 18, 1895
Class* A	Date of Birth: Nov. 22, 1886 / Birth Place: Liberty, Idaho	Full Name of Mother: Mary Humphries	Name of Father: James Poulson	
SUPPORTING RECORD 2.	Type of Document: Application for Membership	By whom issued and signed: Idaho Mutual Benefir Assoc.	Date Issued:	Date Orig. Entry: Nov. 1, 1936
Class B	Date of Birth: Nov. 22, 1886 / Birth Place: Liberty, Idaho	Full Name of Mother: [illegible]	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder		Date Filed: June 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT
(Person whose birth is being registered)

1. Registrant's full name at birth
2. Date (month) (day) (year) of birth
3. Color or race
4. Sex
5. Place of birth (c. County)
6. Full name of father
7. Birth place of father (State or country)
8. Maiden name of mother
9. Birth place of mother (State or country)

PARENTS

MOTHER'S AFFIDAVIT

Mother's maiden name and the date and place of her birth are as given in the above statements, and she is the mother of the registrant.

10. Signature of Registrant
11. Present Address of Registrant
12. Signature of Mother
13. Signature of witness and date of signing, if signature of mother is by mark
14. Signature of witness
15. Signature of witness

APPROVAL — DO NOT WRITE BELOW THIS LINE

SUBSTITUTE RECORD

Birth Record
Date of birth (birth place)
Date of issuance
By whom issued and signed
Date issued
Date orig. reg.
Date of filing
Name of father
Maiden name of mother

AMENDING RECORD

Application for Amendment
Date of birth (birth place)
Date of issuance
By whom issued and signed
Date issued
Date orig. reg.
Date of filing
Name of father
Maiden name of mother

AMENDING RECORD

Date of birth (birth place)
Date of issuance
By whom issued and signed
Date issued
Date orig. reg.
Date of filing
Name of father
Maiden name of mother

MILITARY INFORMATION

EXAMINER'S CERTIFICATION
(seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
Evidence reviewed by
Date filed

W. W. Denson

JUN 9 1952

*Class A Records are those made and dated within the registration year of birth.
Class B Records are those made after the registration year of birth.
Class C Records are those made after the end of the year of birth.

753-201-006-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 1 4 1952
DIVISION OF VITAL

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3018
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full [redacted] Elizabeth Carlyle Pelot			2. Date Of Birth (month) March (day) 1 (year) 1886
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Taylor Ranch Bingham	b. City or Town of Birth Eagle Rock, Idaho
FATHER	6. Full Name of Father Carlyle Llewellyn Pelot			7. State or Country of Father's Birth Kentucky
MOTHER	8. Full Maiden Name of Mother Alice Jane Buck			9. State or Country of Mother's Birth Maine
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Bess C. Doumer		11. Present Address of Registrant Molt, Montana
NOTARY (Seal)	Subscribed and sworn to before me on March 24 19 52	12. Signature of Notary John Ferebauer		13. Notary Commission expires JOHN FEREBAUER NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 3-1-54. 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Baptismal Record	By whom issued and signed St. John's Church, Idaho Falls by John Dawson, Miss.	Date Issued	Date Orig. Entry 1/25/1892
Class* B	Date of Birth 3/1/86 / Birth Place	Full Name of Mother Alice J. Pelot	Name of Father Carlyle L. Pelot	
SUPPORTING RECORD 2.	Type of Document Census record of 1900	By whom issued and signed Roy V. Peel	Date Issued 6/6/52	Date Orig. Entry June 1, 1900
Class B.	Date of Birth 14 yrs. old / Birth Place Idaho	Full Name of Mother Alice J. Pelot	Name of Father Cal L. Pelot	
SUPPORTING RECORD 3.	Type of Document Ltr from Montana Highway Patrol re Driver's License # D860301	By whom issued and signed Gordon K. McDermit, Chief Exam.	Date Issued 3/28/52	Date Orig. Entry 3/1/48
Class B	Date of Birth Mar. 1, 1886 / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed July 15, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 632-[illegible]
Local Reg. No.
Reg. Dist. No.

[redacted] Registrar's File No. 15[illegible]

Please Type (Carbon Paper)

1. Name of Child: Fairgle Llewellyn Pelot				2. Date of Birth: March 1, 1886
3. Color or Race: White	4. Sex: Female	5. Place of Birth: Taylor Ranch	6. County: Elmore	7. City or Town of Birth: Eagle Rock, Idaho
8. Father: Full name of father: Fairgle Llewellyn Pelot				9. State or Country of Father's Birth: Kentucky
10. Mother: Maiden name of Mother: Alice Jane Buck				11. State or Country of Mother's Birth: Maine
12. I hereby certify that the above statements are true to the best of my knowledge and belief.		13. Signature of Registrant: [illegible]		14. Present Address of Registrant: Mott, Montana
Sworn to and subscribed before me on April 21, 19 32		15. Signature of Notary: [illegible]		16. Notary Commission expires: JOHN [illegible] NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMMISSION EXPIRES 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 1.
Class B
Type of Document: Census record, 1930
Date of Birth: 14 yrs. old
Birth Place:
Date Issued: June 1, 1930
Date Orig. Entry:

SUPPORTING RECORD 2.
Class B
Type of Document: Highway Patrol Motorcycle Accident Report
Date of Birth: June 1, 1930
Birth Place:
Date Issued: 8/22/32
Date Orig. Entry: 2/1/68

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)
I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. [illegible] Swanson
Evidence reviewed by: [illegible]
Date filed: July 17, 1968

*Class A Records are those made at the time of birth
Class B Records are those made after the birth but are at least a year old.

751-227-036-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3096
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fannie Estella Peabody		2. Date of Birth (month) Aug (day) 27 (year) 1886	
	3. Color or Race: White	4. Sex: She	5. Place of Birth a. County: Malad	b. City or Town of Birth: Malad Idaho
FATHER	6. Full Name of Father: Simeon Peabody		7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Frances Clark		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fanny Estella Peabody	11. Present Address of Registrant: 4623 SW Evans	
NOTARY (Seal)	Subscribed and sworn to before me on: June 16th 1952	12. Signature of Notary: C. Harry Paulson	13. Notary Commission expires: November 13 1954.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date issued: Oct. 1, 1951	Date Orig. Entry: Nov. 4, 1886
Class* A	Date of Birth: Aug. 27, 1886 / Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Parley M. Richards	Date issued: Aug. 5, 1952	Date Orig. Entry:
Class B	Date of Birth: Aug. 27, 1886 / Birth Place: Malad, Idaho	Full Name of Mother: Francis Clark	Name of Father: Simeon Peabody	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Aug. 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT

1. Registrant's full name at birth

2. Sex

3. Place of birth

4. Date of birth

5. City or town of birth

6. County of birth

7. Mother's maiden name

8. Father's name

AUG 8 1952

NOTARY

9. Notary's name

10. State of County of Notary's State

AFFIDAVIT

11. Affiant affirms upon oath that the above statements are true to the best of his knowledge and belief.

12. Signature of Affiant

NOTARY CERTIFICATE

13. Affiant subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

SUPPORTING EVIDENCE A

Type of document: Certificate of Baptism of Worthingbig

Date of birth: Birth place

Date of document: Place, St. Louis Island, Idaho

Signature of person who signed document: Francis Clark

Name of Church: Roman Catholic Church

Date filed: Aug. 4, 1952

Name of Pastor: Simon Lagacy

SUPPORTING EVIDENCE B

Type of document

Date of birth: Birth place

Date of document: Place, St. Louis Island, Idaho

Signature of person who signed document

Name of Church

Date filed: Aug. 4, 1952

Name of Pastor: Simon Lagacy

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this registrant and that documentary evidence has been available which supports the facts as set forth in the supporting affidavit.

(Seal)

State Registrar: W. F. Dawson

Evidence reviewed by: Edna Mae Tice

Date filed: Aug. 7, 1952

Class A Records are those made and dated before the Registrar's first birthday.
Class B Records are those made after the fourth birthday but at least 1 year.

Form 200 (Rev.)

249-216-010-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D52-3120
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Illinois (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CYNTHIA AMANDA SMITH

5. Date of Birth of Child (Month, day, year) December 16 1886

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Seward Smith
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Tredwell (City or town) New York (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lourinda Tucker
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 66 years, and that Dr. Beam (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah L. Stoddart Signature

Sterling Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 1952

(SEAL) Mabel Fleeson, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 14, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

OCT 5 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

714-215-029-632

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3414
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MABEL HATTIE ELAINE PAULSON			2. Date of Birth (month) (day) (year): MARCH 15 th 1886
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah,	b. City or Town of Birth: Moscow, IDAHO.
FATHER	6. Full Name of Father: JOHN PAULSON			7. State or Country of Father's Birth: NORWAY
MOTHER	8. Full Maiden Name of Mother: JENNIE OLSON			9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Paulson Webber		11. Present Address of Registrant: 5216 S.E. 17th Portland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1952	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 20 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Elmer M. Paulson	Date Issued: July 29, 1952	Date Orig. Entry:
Class* B	Date of Birth: March 15, 1886, Moscow, Idaho	Birth Place:	Full Name of Mother: Jennie Paulson	Name of Father: John Paulson
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Carl E. Smith	Date Issued: Sept. 19, 1952	Date Orig. Entry:
Class B	Date of Birth: March 15, 1886, Moscow, Idaho	Birth Place:	Full Name of Mother:	Name of Father: John Paulson
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Louis G. Peterson	Date Issued: Sept. 19, 1952	Date Orig. Entry:
Class B	Date of Birth: March 15, 1886, Moscow, Idaho	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Oct. 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 29 1952

915-109-006-597

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3455
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THOMAS ALLEN RANCK			2. Date Of Birth (month) AUGUST (day) 9 (year) 1886
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO FALLS BINGHAM	b. City or Town of Birth: IDAHO FALLS
FATHER	6. Full Name of Father: ROBERT BYERS RANCK			7. State or Country of Father's Birth: PENYSLVANIA
MOTHER	8. Full Maiden Name of Mother: ELIZA MARIA NIXON			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: PO BOX 7 SILVER BOW MONTANA
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1952	12. Signature of Notary: E L Rosellini		13. Notary Commission expires: April 17 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License # 12670		By whom issued and signed: Utah, Salt Lake County, J. U. Eldredge, Deputy Clerk	Date Issued	Date Orig. Entry: June 27, 1911
Class* B	Date of Birth: 24 yrs old	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Honorable Dis-Charge from U.S. Army		By whom issued and signed: H.C. Smith, Major A.G.D.	Date Issued: Mar.26,1919	Date Orig. Entry: Enlisted on Sept. 18, 1917
Class B	Date of Birth: 31 1/12 yrs	Birth Place: Idaho Falls, Idaho.	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Letter from Mt. Moriah Lodge No. 2, F & A M Salt Lake City Utah.		By whom issued and signed: Clarence M. Grosnell	Date Issued: 7/28/49	Date Orig. Entry: Initiated on Dec. 14, 1920
Class B	Date of Birth: Aug. 9, 1886	Birth Place: Idaho Falls, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Nov. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 18 1952

865-202-015-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3529
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 8 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mt. Idaho Ida.

4. **FULL NAME OF CHILD** Rena Hovey

5. Date of Birth of Child (Month, day, year) Sept. 2 1886

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Hovey
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Bloomington, Ill. (City or town) (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Brown
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mt. Idaho (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 p. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Brown Hovey (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Daisy B. Smith M.D. Midwife Address Grangeville, Idaho Date Oct. 23, 1952

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 66 years, and that Dr. S. E. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy B. Smith Signature
Grangeville, Idaho Rt. 3 P. O. Address

Subscribed and sworn to before me this 23 day of October, 1952.
(SEAL) Vaeth T. Simon, Notary Public, residing at Grangeville.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 5, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 5 1952

FAMILY RECORD.

BIRTHS.	BIRTHS.
Rollen C. Brown Camas Prairie Douglas Co. O.T. March 12 1856	Loyal P. Brown born at Stratford N.H. Sept 26th 1829
	Sarah T. Gruen born at Dayton Ohio May 26th 1837
Helen Kate Brown Stratford N.H. October 29th 1858.	Rena Hovey Mt. Idaho N.T. September 2nd 1886
Ada Brown Mt Idaho, I.T., June 10th 1864.	Rollen H. Brown Camas Prairie Idaho Co. I.T. September 12. 1886
Ada Daisy Brown Mt Idaho I.T., May 14th 1869	Helen Hovey Mt. Idaho April 12 - 1889
Loyal P. Brown Camas Prairie Idaho Co. May 21. 1882.	Laura L. Smith Mt Idaho June 19th 1894

Rena Hovey Weinrich

813-109-016-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-24
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALBERT HENRY HALE JR.		2. Date of Birth (month) MAY (day) 9 (year) 1886
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CASSIA b. City or Town of Birth: ISLAND, IDAHO OAKLEY P.O.
FATHER	6. Full Name of Father: Albert Henry Hale Sr.		7. State or Country of Father's Birth: Utah. Grantsville
MOTHER	8. Full Maiden Name of Mother: Marintha Rebecca Barrett		9. State or Country of Mother's Birth: Utah. Farmington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert H. Hale Jr.	11. Present Address of Registrant: Oakley Cassia Co Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 7th 1953	12. Signature of Notary: Wallace G Hale	13. Notary Commission expires: May 20th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: June 10, 1886
Class* A	Date of Birth: May 9, 1886 / Birth Place: Island, Idaho	Full Name of Mother: Marintha Rebecca Barrett	Name of Father: Albert Henry Hale	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: New York Life	Date Issued:	Date Orig. Entry: July 3, 1931
Class B	Date of Birth: May 9, 1886 / Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Mutual Life Insurance Co.	Date Issued:	Date Orig. Entry: Jan. 11, 1919
Class B	Date of Birth: May 9, 1886 / Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: Jan. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 9 1953

593-105-025-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 130
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Dave Nickson		2. Date of Birth (month) February (day) 5 (year) 1886	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: Dave Nickson		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Kelley		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby swear upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Dave Nickson	11. Present Address of Registrant: 5802 La Mirada Ave. Los Angeles 38, Calif	
NOTARY (Seal)	Subscribed and sworn to before me on September 27 1952	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires May 21, 1956 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: 10/22/52	Date Orig. Entry: Census of June 1, 1900
Class* B	Date of Birth: 14 yrs old Feb. 1886 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: re Insurance #2,677,288	By whom issued and signed: The Equitable Life Assurance Society,	Date Issued: 9/12/52	Date Orig. Entry: Policy issued Oct. 11, 1920
Class B	Date of Birth: Feb. 5, 1886 / Birth Place: Grangeville, Ida.	Full Name of Mother: Mary E. Nickson	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister	By whom issued and signed: Celia Simenstad	Date Issued: 8/21/52	Date Orig. Entry:
Class B	Date of Birth: Feb. 5, 1886 / Birth Place: Grangeville, Ida.	Full Name of Mother: Mary Elizabeth Nickson	Name of Father: Dave Nickson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Feb. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 [illegible]

FEB 16 1953

FEB 10 1953

252-221-025-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 188
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cloah Corrie Sebastian			2. Date of Birth (month) (day) (year): Oct. 21, Thurs. 1886
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho County	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: William Henry Sebastian			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Thamer Kerlee			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cloah C. Cowling		11. Present Address of Registrant: 1617 Cleveland, Caldwell, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 19 1952	12. Signature of Notary: E H Millsap		13. Notary Commission expires: May 5 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Larkin H. Kerlee	Date Issued: 12/16/52	Date Orig. Entry:
Class* B	Date of Birth: Oct. 21, 1886 / Birth Place: Grangeville, Idaho	Full Name of Mother: Tharmer M. Kerlee	Name of Father: William Henry Sebastian	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Eliza Kerlee	Date Issued: 12/30/52	Date Orig. Entry:
Class B	Date of Birth: Odt. 21, 1886 / Birth Place: Grangeville, Idaho	Full Name of Mother: Thamer Kerlee	Name of Father: William Henry Sebastian	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Fannie Lois Stephens Brown	Date Issued: Feb. 2, 1953	Date Orig. Entry:
Class B	Date of Birth: Oct. 21, 1886 / Birth Place: Grangeville	Full Name of Mother: Thamer M. Kerlee	Name of Father: William Henry Sebastian	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton		Date Filed: Feb. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 24 1969

1. Registrant's name at birth		2. Date of birth (month) (day) (year)	
3. Place of birth (county)		4. City or town of birth	
5. Full name of father		6. State or country of father's birth	
7. Maiden name of mother		8. State or country of mother's birth	
9. Affidavit — I (we) declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	11. Present address of Registrant
Subscribed and sworn to before me on		12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document		By whom issued and signed	Date issued / Date orig. filed
Affidavit by Lavia		Jerdin M. Ferlee	12/15/62
Date of birth / Birth place		Full name of Mother	Name of Father
Oct. 21, 1890 Grangeville, Idaho		Tremer M. Ferlee	William Henry Sabgeiman
Type of Document		By whom issued and signed	Date issued / Date orig. filed
Affidavit by Aunt		Eliza Ferlee	12/20/62
Date of birth / Birth place		Full name of Mother	Name of Father
Oct. 21, 1890 Grangeville, Idaho		Tremer Ferlee	William Henry Sabgeiman
Type of Document		By whom issued and signed	Date issued / Date orig. filed
Affidavit		Fannie Lola Stephens from	Feb. 2, 1963
Date of birth / Birth place		Full name of Mother	Name of Father
Oct. 21, 1890 Grangeville		Tremer M. Ferlee	William Henry Sabgeiman

Signature of Registrar: W. W. Benson

Evidence reviewed by: Edna Hamilton

Date filed: Feb. 23, 1969

Class A records are those made soon after the registrant's fourth birthday.
Class B records are those made after the fourth birthday but at least a year.

299-123-037-359

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-210
Local Reg. No.
Reg. Dist. No.

John A. Bridges

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth		2. Date of Birth (month) February (day) 23 (year) 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bruneau b. City or Town of Birth: Owyhee Idaho
FATHER	6. Full Name of Father: John Wurthy Bridges		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nancy Jane Terry		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Alvin Bridges	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 28 February 1953	12. Signature of Notary: Roy Dillingham	13. Notary Commission expires 14 November 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Rosetta B. Waite	Date Issued: Feb. 24, 1953	Date Orig. Entry
Class* B	Date of Birth: Feb. 23, 1886 / Birth Place: Bruneau, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Eva B. Wille	Date Issued: Feb. 24, 1953	Date Orig. Entry
Class B	Date of Birth: Feb. 23, 1886 / Birth Place: Bruneau, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Ada J. Klabo	Date Issued: Feb. 24, 1953	Date Orig. Entry
Class B	Date of Birth: Feb. 23, 1886 / Birth Place: Bruneau, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleden	Date Filed: Mch. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1953

769-103-032-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-417
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Alfred Pointer			2. Date of Birth (month) (day) (year): November 3, 1886
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Shoshone, Lincoln Co., Idaho	b. City or Town of Birth: Shoshone, Idaho
FATHER	6. Full Name of Father: John Pointer			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Ester E. Cross			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Alfred Pointer		11. Present Address of Registrant: 404 S. E. Birdsdale Portland, 16, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 15th, 19 52	12. Signature of Notary: George H. McElhiney		13. Notary Commission expires: Oct. 28th, 19 55 NOTARY PUBLIC FOR OREGON My Commission Expires

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record	By whom issued and signed: Bureau of the Census	Date Issued: 8/22/52	Date Orig. Entry: Jan. 1, 1920
Class* B	Date of Birth: 33 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Census record	By whom issued and signed: Bureau of the Census	Date Issued: 8/22/52	Date Orig. Entry: April 1, 1930
Class B	Date of Birth: 43 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: State of Iowa	Date Issued:	Date Orig. Entry: 12-29-28
Class B	Date of Birth: 42 yrs old / Birth Place: Shoshone, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible signature]	April 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MY COMMISSION EXPIRES OCT. 28, 1955

APR 23 1968

437-230-001-752

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-543
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WINNIE GERTRUDE MC GUIRE		2. Date of Birth (month) June (day) 30 (year) 1886	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Ada County	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Robert Henry McGuire		7. State or Country of Father's Birth: Nackawick, New Brunswick, Canada	
MOTHER	8. Full Maiden Name of Mother: Lora Ann Gess		9. State or Country of Mother's Birth: Trenton, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winnie Mary	11. Present Address of Registrant: 1121 Washington—Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on June 1 1953	12. Signature of Notary: Mabel Fielder	13. Notary Commission expires May 7 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Robert H. McGuire	Date Issued: 1886	Date Orig. Entry: 1886
Class* A.	Date of Birth: June 30, 1886 / Birth Place: Boise, Idaho	Full Name of Mother: Lora Ann Gess	Name of Father: Robert Henry McGuire	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics State of Idaho #2551	Date Issued: 10/10/11	Date Orig. Entry: Oct. 9, 1911
Class B.	Date of Birth: 25 yrs old / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: June 1, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 5 1959

1. Name of child: Ann Dorr

2. Date of birth: June 20, 1950

3. Place of birth: Idaho Falls, Idaho

4. Full name of father: Robert Lester McCurdy

5. Place of birth of father: Idaho

6. Full maiden name of mother: Ann Dorr

7. Place of birth of mother: Idaho Falls, Idaho

8. Date of marriage: June 20, 1950

9. Place of marriage: Idaho Falls, Idaho

10. Present address of applicant: 1121 Washington, Boise, Idaho

11. Signature of applicant: [illegible]

12. Signature of notary: [illegible]

13. Notary Commission expires: May 7, 1952

SUPPORTING RECORD 1: Type of document: Family Bible Record; Date of birth: June 20, 1950; Place of birth: Idaho Falls, Idaho; Date issued: 1936; By whom issued and signed: Robert L. McCurdy; Full name of father: [illegible]; Full name of mother: [illegible]; Date orig. Entry: 1950

SUPPORTING RECORD 2: Type of document: Birth Certificate of Son; Date of birth: [illegible]; Place of birth: Idaho Falls, Idaho; Date issued: 1/10/11; By whom issued and signed: [illegible]; Full name of father: [illegible]; Date orig. Entry: Oct. 2, 1911

SUPPORTING RECORD 3: Type of document: [illegible]; Date of birth: [illegible]; Place of birth: [illegible]; Date issued: [illegible]; By whom issued and signed: [illegible]; Full name of father: [illegible]; Date orig. Entry: [illegible]

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child, and that documentary evidence has been received which substantiates the data as set forth in the accompanying affidavit.

Date signature: [illegible]

Date received: June 1, 1959

154-123-030-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 572
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Trum[illegible]ews Alvin Truman Andrews			2. Date of Birth (month) November (day) 23 (year) 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: William S. Andrews			7. State or Country of Father's Birth: New York, New York
MOTHER	8. Full Maiden Name of Mother: Juliette Andrews			9. State or Country of Mother's Birth: Dane County, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin Truman Andrews		11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 3 1953	12. Signature of Notary: Frederick Hughes Snook		13. Notary Commission expires September 21 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Newspaper clipping of announcement of birth	By whom issued and signed: Idaho Recorder, Salmon. By Ronald Burke, Publisher	Date Issued: 5/23/53	Date Orig. Entry: Nov. 27, 1886
Class* A	Date of Birth: Nov. 23, 1886	Birth Place: Salmon, Idaho	Full Name of Mother:	Name of Father: W. S. Andrews
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: County Superintendent of Lemhi Co., Maemie R. Ellis, Supt.	Date Issued: May 6, 1953	Date Orig. Entry:
Class B	Date of Birth: Nov. 23, 1886	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. 1953 512
Local Reg. No.
Reg. Dist. No.

RECEIVED
CERTIFICATE OF BIRTH
STATE OF IDAHO

JUN 8 - 1953
DIVISION OF VITAL STATISTICS

1. Registrant's Name (Person named in this certificate)	2. Date of Birth (Month) November (Day) 23 (Year) 1936		
3. Color or Race: White	4. Sex: Male	5. Place of Birth (County): Lemhi	6. City or Town of Birth: Salmon
7. Full Name of Father: Matthew Andrews		8. State or Country of Father's Birth: New York, New York	
9. Full Maiden Name of Mother: Matilda Andrews		10. State or Country of Mother's Birth: Dane County, Wisconsin	
11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on _____ 19_____	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Salmon, Idaho	
	14. Signature of Notary: [illegible]	15. Notary Commission Expires: September 21 19 55	

Application for a Delayed Certificate of Birth
Type of document accepted in lieu of a record of birth: Average or minor evidence of enrollment of birth
Date of Birth: [illegible] Full Name of Mother: Matilda Andrews, Full Maiden Name of Father: Andrews

Supporting Proof:	Type of Document: School record	By whom issued and signed: County Superintendent of Lemhi Co., Salmon, Idaho	Date issued: May 6, 1953
Date of Birth: Nov. 23, 1936	Birth Place:	Full Name of Mother:	Name of Father:
Class: B			
Supporting Proof:	Type of Document:	By whom issued and signed:	Date issued:
Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class:			
Qualifying Information:			

Registrar's Certification (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed By	Date Filed
W. W. Jenson	Elma Hamilton	June 9, 1953

"Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but before the fifteenth birthday.
Class C Records are those made after the fifteenth birthday.

319-229-022-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-683
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marietta Adeline Carter		2. Date of Birth (month) Dec. (day) 29th (year) 1886	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Home in Rexburg-Idaho a. County: (Old Fremont)	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Alphonse Marie Carter			7. State or Country of Father's Birth: St. Marie Beauce, P. Q. Canada
MOTHER	8. Full Maiden Name of Mother: Emma Barbeau			9. State or Country of Mother's Birth: St. Marie Beauce, P.Q. Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marietta C. Truxal		11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 8th 1953	12. Signature of Notary: Lullen L. Hale		13. Notary Commission expires: February 1st 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Baptized	Date Orig. Entry: Sept. 15, 1887
Class* A	Date of Birth: Dec. 29, 1886,	Birth Place:	Full Name of Mother: Emma Carter	Name of Father: Alfonse Carter
SUPPORTING RECORD 2.	Type of Document: Genealogical Record	By whom issued and signed: Translation from the original record in French by A. C. Truxal	Date Issued:	Date Orig. Entry: Dec. 29, 1886
Class B	Date of Birth: Dec. 29, 1886,	Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics #65023 Boise, Idaho	Date Issued:	Date Orig. Entry: Oct. 25, 1918
Class B	Date of Birth: 31 years old,	Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mary Fielder	July 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR'S
(Person who registered birth or other statistical data)

1. Registrant's Full Name at Birth: Jerrie Agnes Jones

2. Date of Birth: July 13, 1940

3. Sex: Female

4. Place of Birth: Kellogg-Idaho

FATHER

5. Full Name of Father: Alphonse Julius Jones

6. State or Country of Father's Birth: Idaho

MOTHER

7. Full Maiden Name of Mother: Bessie Jerrie Jones

8. State or Country of Mother's Birth: Idaho

AFFIDAVIT

Person Signing

I, hereby declare upon oath that the statements made above are true to the best of my knowledge and belief.

9. Signature of Affiant: Jerrie Jones

10. Present Address of Registrant: Nampa, Idaho

11. Signature of Notary: [illegible]

12. Notary Commission expires: [illegible]

CERTIFICATE OF IDAHO VITAL STATISTICS

DO NOT WRITE BELOW THIS LINE

Date of Birth: July 13, 1940

Place of Birth: Kellogg, Idaho

Full Name of Registrant: Jerrie Agnes Jones

Sex: Female

Full Name of Father: Alphonse Julius Jones

Full Name of Mother: Bessie Jerrie Jones

Date Issued: Sept. 14, 1987

Date Reg. Entry: [illegible]

Registrar

Date of Birth: July 13, 1940

Place of Birth: Kellogg, Idaho

Full Name of Registrant: Jerrie Agnes Jones

Full Name of Mother: Bessie Jerrie Jones

Full Name of Father: Alphonse Julius Jones

Date Issued: Sept. 25, 1986

Date Reg. Entry: [illegible]

Registrar

TRANSLATION FROM THE ORIGINAL

Report in French in S. D. Report

Date of Birth: July 13, 1940

Place of Birth: Kellogg, Idaho

Full Name of Registrant: Jerrie Agnes Jones

Full Name of Mother: Bessie Jerrie Jones

Full Name of Father: Alphonse Julius Jones

Date Issued: [illegible]

Date Reg. Entry: [illegible]

Registrar

Class A

Class B

Class C

Class D

Class E

Class F

Class G

Class H

Class I

Class J

Class K

Class L

Class M

Class N

Class O

Class P

Class Q

Class R

Class S

Class T

Class U

Class V

Class W

Class X

Class Y

Class Z

Class AA

Class BB

Class CC

Class DD

Class EE

Class FF

Class GG

Class HH

Class II

Class JJ

Class KK

Class LL

Class MM

Class NN

Class OO

Class PP

Class QQ

Class RR

Class SS

Class TT

Class UU

Class VV

Class WW

Class XX

Class YY

Class ZZ

Class AAA

Class BBB

Class CCC

Class DDD

Class EEE

Class FFF

Class GGG

Class HHH

Class III

Class JJJ

Class KKK

Class LLL

Class MMM

Class NNN

Class OOO

Class PPP

Class QQQ

Class RRR

Class SSS

Class TTT

Class UUU

Class VVV

Class WWW

Class XXX

Class YYY

Class ZZZ

Class AAAA

Class BBBB

Class CCCC

Class DDDD

Class EEEE

Class FFFF

Class GGGG

Class HHHH

Class IIII

Class JJJJ

Class KKKK

Class LLLL

Class MMMM

Class NNNN

Class OOOO

Class PPPP

Class QQQQ

Class RRRR

Class SSSS

Class TTTT

Class UUUU

Class VVVV

Class WWWW

Class XXXX

Class YYYY

Class ZZZZ

713-206-044-286

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-761
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Electa Palmer		2. Date Of Birth (month) March (day) 6 (year) 1886	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Missouri	a. County: Washington; b. City or Town of Birth: Monroe Creek (Weiser P.O.)
FATHER	6. Full Name of Father: Luther Franklin Palmer		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Luvita Elizabeth Shook		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Electa Palmer	11. Present Address of Registrant: Empire, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on Aug. 5th 1953	12. Signature of Notary: Frances McLeod	13. Notary Commission expires July 7, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage record	By whom issued and signed: County of Coos State of Oregon	Date Issued: Oct. 1, 1938	Date Orig. Entry:
Class* B	Date of Birth: 50 yrs 7 mo.	Birth Place: Weiser, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Hospital record	By whom issued and signed: North Bend Medical Group	Date Issued: entered 1-11-47	Date Orig. Entry:
Class B	Date of Birth: 60 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Lillie May Palmer Wilson	Date Issued: Aug. 5, 1953	Date Orig. Entry:
Class B	Date of Birth: Mch. 6, 1886	Birth Place: Monroe Creek, Idaho	Full Name of Mother: Luvita Elizabeth Palmer	Name of Father: Luther Franklin Palmer
QUALIFYING INFORMATION	Washington County			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mary Fleder	Aug. 11, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

CHILD OF THIS BIRTH

1. Registrant's full name at birth: Mary Amelia Palmer
2. Sex: Female
3. Date of birth: March 6 1886
4. Place of birth: Missouri
5. County: Washington
6. City or town of birth: Source Creek (Weiser P.O.)

FATHER

7. Full name of father: Luther Franklin Palmer
8. State or country of father's birth: Missouri

MOTHER

9. Full maiden name of mother: Lucita Elizabeth Snook
10. State or country of mother's birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of deponent: [illegible]
12. Address of deponent: [illegible]

NOTARY (seal)

Subscribed and sworn to before me on July 2 1959
13. Signature of Notary: [illegible]
14. Notary Commission Expires: [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING EVIDENCE 1.
Type of document: Baptismal record
By whom issued and signed: Rev. Fr. Jos. Moreau, Idaho City
Date issued: [illegible]
Date of birth: [illegible] Birth place: [illegible]
Full name of Mother: [illegible]
Name of father: [illegible]

SUPPORTING EVIDENCE 2.
Type of document: Hospital record
By whom issued and signed: Mother Benedicta Group, Boise
Date issued: [illegible]
Date of birth: [illegible] Birth place: [illegible]
Full name of Mother: [illegible]
Name of father: [illegible]

SUPPORTING EVIDENCE 3.
Type of document: Affidavit by father
By whom issued and signed: Lucita Snook Palmer Wilson
Date issued: Aug. 5, 1959
Date of birth: [illegible] Birth place: [illegible]
Full name of Mother: [illegible]
Name of father: [illegible]

Date of birth: March 6, 1886, Source Creek, Idaho. Lucita Elizabeth Palmer, Luther Franklin Palmer, Washington County

DATE OF CERTIFICATION

CERTIFICATION

I hereby certify that on prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

State registrar: [illegible]
Evidence reviewed by: [illegible]
Date filed: Dec. 14, 1959

415-125-030-544

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-809
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvil K. Manfull			2. Date of Birth (month) May (day) 25 (year) 1886
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Stephen Gardner Manfull			7. State or Country of Father's Birth: Ohio, U. S. A.
MOTHER	8. Full Maiden Name of Mother: Naomi Emmons			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvil K Manfull		11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on August 21, 19 53	12. Signature of Notary: [illegible]		13. Notary Commission expires: February 27 19 56

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: May 29, 1929	Date Orig. Entry
Class* B	Date of Birth: May 25, 1886 / Birth Place: Salmon, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Voting Registration	By whom issued and signed: W. W. Simmonds, Clerk of the Court, Salmon, Idaho	Date Issued: Oct. 3, 1916	Date Orig. Entry
Class B	Date of Birth: 30, yrs old / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister	By whom issued and signed: Sarah Manfull Van Stratt	Date Issued: Aug. 21, 1953	Date Orig. Entry
Class B	Date of Birth: May 25, 1886 / Birth Place: Salmon, Idaho	Full Name of Mother: Naomi Emmons	Name of Father: Stephen Gardner Manfull	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Melvil K Fields	Date Filed: Aug. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

2 copies paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health & Welfare
Division of Vital Statistics
Boise, Idaho

State File No. 1923-409
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

(Person whose birth is being registered)

3. Sex

4. Color or Race

5. Place of Birth: County — Idaho

6. City or Town or Place

7. Name of Father

8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother

10. State or Country of Mother's Birth

AFFIDAVIT

I hereby certify that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present Address of Registrant

Subscribed and sworn to before me on _____ 19 ___

13. Signature of Notary

14. Notary Commission Expires

AUG 25 1958

EVIDENCE

Evidence Policy

Date of Birth Birth Place

May 29, 1900, Salmon, Idaho

Name of Father

Full Name of Mother

Date Issued: May 29, 1929

Date Reg. Entry

RECORD A

Voting Registration

Date of Birth Birth Place

30, yrs old

Name of Father

Full Name of Mother

Date Issued: Oct. 2, 1928

Date Reg. Entry

RECORD B

Affidavit by older sister

Date of Birth Birth Place

May 29, 1900, Salmon, Idaho

Name of Father

Sarah Martha Von Street

Full Name of Mother

Jessie Amacoma

Date Issued: Aug. 21, 1953

Date Reg. Entry

CERTIFICATION

I hereby certify that no other birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. Hasson

Evidence reviewed by

Date filed

Aug. 21, 1953

238123-026-2666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-970
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANTON AUGUST SCHNEITER			2. Date Of Birth (month) (day) (year): December 23 1886
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lewisville Jefferson	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Anton Kerninsky Schneiter			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Johanna Louise Goody			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Anton August Schneiter		11. Present Address of Registrant: R. F. D. #1, Lorenzo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 19 51	12. Signature of Notary: I. Harold Lee		13. Notary Commission expires: March 26 19 54

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: June 4, 1896
Class* B	Date of Birth / Birth Place: Dec. 23, 1886, Lewisville, Idaho	Full Name of Mother: Johanna L. Gudde	Name of Father: Anton K. Schneiter	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Cliff Kinghorn	Date Issued: June 5, 1953	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Dec. 23, 1886, Lewisville, Idaho	Full Name of Mother: Johana Louise Goody	Name of Father: Anton K. Schneiter	
SUPPORTING RECORD 3.	Type of Document: Employment record - affidavit by	By whom issued and signed: Jack C. Olson	Date Issued: July 31, 1951	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Dec. 23, 1886	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Fielder	Oct. 17, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

State of Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT 1. Registrant's full name at birth (Person whose birth is registered): ANTON [illegible]

2. Date of Birth (month) December (day) 23 (year) 1886

3. Color or Race: White 4. Sex: Male

5. Place of Birth: Lewiston, Ida. County: [illegible] City or town of birth: [illegible]

FATHER 6. Full Name of Father: [illegible] Schmelter

7. State or Country of Father's Birth: Germany

MOTHER 8. Full Maiden Name of Mother: [illegible] Louise [illegible]

9. State or Country of Mother's Birth: Germany

AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: [illegible] W. [illegible], Lewiston, Idaho

NOTARY Subscribed and sworn to before me on [illegible] 19 51

12. Signature of Notary: [illegible]

13. Notary Commission expires [illegible] 19 [illegible]

REGISTRANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.
Type of Document: Certificate of Baptism
By whom issued and signed: [illegible]
Date Issued: Baptized
Date Orig. Entry: June [illegible], 1890
Date of Birth, Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: Anton K. Schmelter

SUPPORTING RECORD 2.
Type of Document: Affidavit by
By whom issued and signed: [illegible]
Date Issued: June 5, 1951
Date Orig. Entry:
Date of Birth, Birth Place: Dec. 23, 1886, Lewiston, Idaho
Full Name of Mother: Johann [illegible]
Name of Father: Anton K. Schmelter

SUPPORTING RECORD 3.
Type of Document: Employment record - affidavit by Jack [illegible]
By whom issued and signed:
Date Issued: July 31, 1951
Date Orig. Entry:
Date of Birth, Birth Place: Dec. 23, 1886
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

STATE REGISTRAR'S CERTIFICATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the supporting abstracts.

State Registrar: [illegible] Jensen
Evidence reviewed by: [illegible]
Date Filed: Oct. 17, 19[illegible]

*Class A Records are those made and dated before the registrant's fourth birthday. Class B Records are those made after the fourth birthday, but at least [illegible] years old.

693-24-036-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1037
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM JENKIN WILLIAMS		2. Date of Birth (month) July (day) 24 (year) 1886	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Samara
FATHER	6. Full Name of Father: David D. Williams		7. State or Country of Father's Birth: Lannelly, South Wales	
MOTHER	8. Full Maiden Name of Mother: Rebecca Williams (same as married name)		9. State or Country of Mother's Birth: Merthryr, South Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William J. Williams	11. Present Address of Registrant: 3163 Wall Avenue Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on 12 day of November 19 53	12. Signature of Notary: Marie B. Jolly	13. Notary Commission expires July 8 19 54	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: 11/10/53	Date Orig. Entry: Entered on record May 26, 1918
Class* B	Date of Birth: July 24, 1886 / Birth Place: Samaria, Idaho	Full Name of Mother: Rebecca Williams	Name of Father: David D. Williams	
SUPPORTING RECORD 2.	Type of Document: Membership record in International Hodcarriers' Building & Common Laborers' Union	By whom issued and signed: Elmer Jenkins, President	Date Issued: 11/12/53	Date Orig. Entry: May 19, 1937
Class B	Date of Birth: July 24, 1886 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Jan. 24, 1919	Date Orig. Entry: Enlisted on May 25, 1918
Class B	Date of Birth: 31 yr.10 mo. / Birth Place: Samaria, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

CLASS B. Also application for Hospital and Medical Insurance - shows birthdate as July 24, 1886

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State file no. [illegible] 1037
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM JENKIN WILLIAMS
2. Date of Birth: (month) July (day) 24 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: (a) County: Oneida (b) City or town or place: Samaria

FATHER

6. Full name of Father: [illegible] D. Williams
7. State or Country of Father's Birth: Lennelly, South Wales

MOTHER

8. Maiden Name of Mother: Rebecca Williams (same as married name)
9. State or Country of Mother's Birth: Merthyr, South Wales

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant: 3162 Wall Avenue, Ogden, Utah

NOTARY SEAL

Subscribed and sworn to before me on 19 day of November 19 53

12. Signature of Notary
13. Notary Commission expires July 8 19 54

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry Entered or made
Church record	L. D. S. Church	11/10/53	May 26, 19[illegible]

Date of Birth, Birth Place	Full Name of Mother	Name of Father
July 24, 1896 Samaria, [illegible]	Rebecca Williams	[illegible] D. Williams

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible] International Hod Carriers' Building & Common Laborers' Union	[illegible] Jenkins, President	11/19/53	May 15, 1937

Class B

Date of Birth, Birth Place	Full Name of Mother	Name of Father
July 24, 1896		

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry Enlisted on
Honorable Discharge	United States Army	Jan. 24, 1919	May 25, 1918

Class B

Date of Birth, Birth Place	Full Name of Mother	Name of Father
21 yr. 10 mo., Samaria, Idaho		

QUALIFYING INFORMATION

CLASS B. Also application for Hospital and Medical Insurance - shows birthdate as July 24, 1896

REGISTRATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
N. W. Benson	Edna Hamilton	Nov. 13, 1953

[illegible] made and dated prior to the registrant's fourth birthday [illegible] made after the fourth birthday but are at least 5 years old.

851-228-016-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1128
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Caroline Matilda Heath		2. Date of Birth (month) (day) (year): November 28 1886	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Charles Heath		7. State or Country of Father's Birth: London, England	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Harder		9. State or Country of Mother's Birth: Provo, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Caroline Heath Stump	11. Present Address of Registrant: Box 812 Mountain Home, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 17 1953	12. Signature of Notary: Salome McNeily	13. Notary Commission expires: December 6 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: James Neill, County Recorder Elmore County, Idaho	Date Issued: 1-27-51	Date Orig. Entry:
Class* B	Date of Birth: 64 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: North American Mutual Insurance Company	Date Issued: Oct. 11, 1946	Date Orig. Entry:
Class B	Date of Birth: 59 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics #385926	Date Issued: 3-1-44	Date Orig. Entry:
Class B	Date of Birth: 25 yrs / Birth Place: Almo, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]		Date Filed: Dec. 21, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 22 1950

APR 26 1950

753-131-013-944

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 15 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-454
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: EDWARD LEROY PECK			2. Date of Birth (month) (day) (year): MAY 31 1886
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: SOLDIER, CAMAS	b. City or Town of Birth: SOLDIER, CAMAS CO, IDAHO
FATHER	6. Full Name of Father: WILLIAM I. PECK			7. State or Country of Father's Birth: WE DO NOT KNOW
MOTHER	8. Full Maiden Name of Mother: DOROTHY DUDLEY PECK Edward Leroy Peck			9. State or Country of Mother's Birth: DO NOT KNOW
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: HOWE, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on 13th April 1954	12. Signature of Notary: [signature]		13. Notary Commission expires: May 23rd 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by I. W. Boyer Notary Public, Arco, Idaho	Date Issued: May 31, 1886	Date Orig. Entry:
Class* A	Date of Birth: May 31, 1886 / Birth Place: Soldier, Idaho	Full Name of Mother: Dorothy E. Dudley	Name of Father: William I. Peck	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of	Date Orig. Entry: 1900
Class B	Date of Birth: May 1886 14 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father: William Peck	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]		Date Filed: June 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 2 1954

WILLIAM I. BOY

DOROTHY LUCY BOY

SOLDIER, CAMAS

MAY 31, 1946

SOLDIER, CAMAS CO., IDAHO

WE DO NOT KNOW

WE DO NOT KNOW

HOMER, IDAHO

613-130-032-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-554
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hansen, Arthur Waldemar		2. Date of Birth (month) Apr. (day) 30 (year) 1886	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Christian Hansen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Anna Marie Jacobsen		9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Waldemar Hansen	11. Present Address of Registrant: Shoshone, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1954	12. Signature of Notary: Mabel Feeder	13. Notary Commission expires: May 7 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: United States Navy	Date Issued: Apr. 29, 1907	Date Orig. Entry
Class* B	Date of Birth: Apr. 30, 1886	Birth Place: Shoshone, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Insurance Co.	Date Issued: 1-12-21	Date Orig. Entry
Class B	Date of Birth: Apr. 30, 1886	Birth Place: Shoshone, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho	Date Issued: Aug. 13, 1926	Date Orig. Entry
Class B	Date of Birth: 40 yrs old	Birth Place: Shoshone, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Feeder	Date Filed: July 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Registrar of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 1954-[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth: Hansen, Arthur Valdemar
2. Date of Birth: Apr. 20, 1920 (month, day, year)
3. Sex: Male
4. Race: [illegible]
5. Place of Birth: County: Lincoln; City or Town of Birth: Shoshone

FATHER

6. Full Name of Father: Christian Hansen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Anna Marie Jacobsen
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby swear upon oath that the information given by me is true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant: Shoshone, Idaho

NOTARY

Subscribed and sworn to before me on [illegible]

12. Signature of Notary
13. Notary Commission expires [illegible]

SUPPORTING RECORD 1.

Type of Document: Secondary Discovery
By whom Issued and signed: United States Navy
Date Issued: Apr. 29, 1927
Date of Birth: Apr. 20, 1920
Place of Birth: Shoshone, Idaho
Full Name of Mother
Name of Father
Class: B
Date Orig. Entry

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom Issued and signed: Equitable Life Insurance Co.
Date Issued: 1-12-21
Date of Birth: Apr. 20, 1920
Place of Birth: Shoshone, Idaho
Full Name of Mother
Name of Father
Class: B
Date Orig. Entry

SUPPORTING RECORD 3.

Type of Document: Child's birth certificate
By whom Issued and signed: Bureau of Vital Statistics
Date Issued: Aug. 11, 1926
Date of Birth: 10 yrs old
Place of Birth: Shoshone, Idaho
Full Name of Mother
Name of Father
Class: B
Date Orig. Entry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: W. A. Hanson
Evidence reviewed by: [illegible]
Date Filed: July 1, 1931

Notice: Corrections are hereby made and signed below. Notification forms of changes have been made where those made affect the record as shown on file in the Division of Vital Statistics.

517-225-030-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De54-568~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marceline Theresa Nagel		2. Date of Birth (month) May (day) 25, (year) 1886	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Christian Nagel		7. State or Country of Father's Birth: Dane County, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Marcelen Theresa Barnabee		9. State or Country of Mother's Birth: Salem, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marceline Theresa Nagel	11. Present Address of Registrant: 1002 South 2nd Ave., Walla Walla, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 29th 19 54	12. Signature of Notary: Boyd Thomas	13. Notary Commission expires: January 22nd 19 55	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Mary's Hospital, Walla Walla, Wash.	Date Issued:	Date Orig. Entry: 4-12-28
Class* B	Date of Birth: May 25, 1886 / Birth Place: Salmon, Idaho	Full Name of Mother: Marceline T. Barnbee	Name of Father: Christian Nagel	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #9238	Date Issued: Oct. 6, 1912	Date Orig. Entry:
Class B	Date of Birth: 26 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: George E. Shoup	Date Issued: Jan. 21, 1953	Date Orig. Entry:
Class B	Date of Birth: May 25, 1886 / Birth Place: Salmon, Idaho	Full Name of Mother: Marcelen Theresa Nagel	Name of Father: Christian Nagel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Freeman	Date Filed: July 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD

1. Name of child: Christian Hagel
2. Date of birth: May 29, 1936
3. Place of birth: Salmon, Lemhi County, Idaho
4. Sex: Male
5. Color or race: White
6. Date of birth: May 29, 1936
7. City or town of birth: Salmon

FATHER

8. Full name of father: Christian Hagel
9. State or country of father's birth: Denmark

MOTHER

10. Maiden name of mother: Marcella Theresa Hagel
11. State or country of mother's birth: Idaho

AFFIDAVIT

I, Marcella Theresa Hagel, being duly sworn, upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: Marcella Theresa Hagel
13. Address of Registrant: 1006 South 2nd Ave., Walla Walla, Wash.

NOTARY

Subscribed and sworn to before me on January 22nd, 1939

14. Signature of Notary: [illegible]
15. Notary Commission expires: [illegible]

SUPPORTING RECORD 1.

Type of document: Hospital Record
Date of birth: [illegible]
Birth place: [illegible]
Full name of mother: [illegible]
Name of father: [illegible]
By whom issued and signed: [illegible]
Date issued: [illegible]
Date filed: [illegible]

SUPPORTING RECORD 2.

Type of document: Child's birth certificate
Date of birth: 29 yrs old
Birth place: Idaho
Full name of mother: [illegible]
Name of father: [illegible]
By whom issued and signed: Bureau of Vital Statistics
Date issued: Oct. 9, 1939

SUPPORTING RECORD 3.

Type of document: Affidavit by
Date of birth: May 29, 1936
Birth place: Salmon, Idaho
Full name of mother: Marcella Theresa Hagel
Name of father: Christian Hagel
By whom issued and signed: [illegible]
Date issued: Jan. 22, 1939
Date filed: [illegible]

OTHER INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: H. E. Robson
Evidence received by: [illegible]
Date filed: July 6, 1939

"Vital Records are those made and dated prior to the registrant's fourth birthday. Other Records are those that are filed after the fourth birthday but before the registrant's death."

236.127-035-655

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-580
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Maynard Scofield			2. Date of Birth (month) (day) (year): December 23 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Starr W. Scofield			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Nyda Grace Fee			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Maynard Scofield		11. Present Address of Registrant: Sumas, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 11, 1954 19	12. Signature of Notary: Robert T. Johnson		13. Notary Commission expires: Dec. 16, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record (picture)		By whom issued and signed: Starr W. Scofield, father	Date Issued: 12/25/1888	Date Orig. Entry: 12/25/1888
Class* A	Date of Birth: 2 yrs. of age	Birth Place: Lewiston	Full Name of Mother: Nyda G. Scofield	Name of Father: Starr W. Scofield	
SUPPORTING RECORD 2.	Type of Document: Family History Book		By whom issued and signed: Robert & Rachel Fee	Date Issued: 1901	Date Orig. Entry: 1901
Class B	Date of Birth: 12/23/1886	Birth Place: Lewiston	Full Name of Mother: Nyda G. Fee	Name of Father: Starr W. Scofield	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Opal Peterson	Date Filed: July 7, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State file No. _____
Local Reg. No. _____
Reg. Dist. No. _____

PERSONAL
(Person where birth is being registered)

1. Reg. Street & full name at birth
2. Date of birth (month) (day) (year)
3. Sex
4. Place of birth (county)
5. City or town of birth
6. Full name of father
7. State or Country of father's birth
8. Full maiden name of Mother
9. State or Country of Mother's birth

FATHER

MOTHER

AFFIDAVIT

I (We) declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present address of Registrant

NOTARY

Subscribed and sworn to before me on _____ 19__

12. Signature of Notary
13. Notary Commission expires

Dec. 16, 1956 19

SUPPORTING RECORD 1

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of document
By whom issued and signed
Date issued
Date orig. Entry

Date of birth
Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD 2

Type of document
By whom issued and signed
Date issued
Date orig. Entry

Date of birth
Birth Place
Full Name of Mother
Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
Evidence reviewed by
Date filed

July 7, 1956

Items A Records are those made and filed before the Registrant's fourth birthday.
Item B Records are those made after the fourth birthday but are of legal [illegible]

14/-202-002-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 693
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Jane Adams		2. Date of Birth (month) May (day) 2 (year) 1886	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Adams	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Elias Adams			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Nancy Dunn			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Jane Lowallen		11. Present Address of Registrant: 1105 East Main Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 19 54	12. Signature of Notary: B L Carter		13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Marriage	By whom issued and signed: Naomi Ross, Recorder, Washington County Idaho.	Date Issued: 8/16/54	Date Orig. Entry: Married on Mar. 9, 1922
Class* B	Date of Birth: 35 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: 206115 Childs birth certificate	By whom issued and signed: Idaho Department of Public Health	Date Issued: Filed on 6/14/45	Date Orig. Entry: Child born on 2/18/04
Class B	Date of Birth: 17 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Lillie Harrington	Date Issued: Aug. 11, 1954	Date Orig. Entry:
Class B	Date of Birth: May 2, 1886	Birth Place: Adams County, Idaho	Full Name of Mother: Nancy Dunn	Name of Father: Elias Adams

QUALIFYING INFORMATION

CLASS B. Affidavit of Alice Houston, stating that birth day of registrant is May 2, 1886 and the place of birth as in Adams County, Idaho. Parents Nancy Dunn & Elias Adams

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
STATE OF IDAHO

OCT 19 1954

Aug 24 1954

REGISTRANT

1. Registrant's Full Name at Birth
Ivie Jane Adams

2. Color or Race
White

3. Sex
Female

4. Place of Birth
Idaho

5. Country
Adams

FATHER

6. Full Name of Father
[illegible]

7. State or Country of Father's Birth
Illinois

MOTHER

8. Full Maiden Name of Mother
[illegible]

9. State or Country of Mother's Birth
Missouri

AFFIDAVIT

Personally appeared before me this 19 day of May 1954 [illegible] and that the statements made herein are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant
[illegible] 5th St. [illegible] Weiser, Idaho

NOTARY (Seal)

12. Date signature of notary below was on file in my office

13. Signature of Notary

14. Notary Commission expires

15. _____

SUPPORTING RECORD 1.

Type of Document
Affidavit of Marriage

Date of Birth
[illegible]

Birth Place
Idaho

Age
35 years old

Name of Father
[illegible]

Name of Mother
[illegible]

Date Issued
[illegible]

Date Reg. Early
[illegible] County Recorder, Weiser, Idaho on [illegible] Mar. 9, 1922

SUPPORTING RECORD 2.

Type of Document
Certified birth certificate

Date of Birth
[illegible]

Birth Place
Idaho

Age
37 yrs old

Name of Father
[illegible]

Name of Mother
[illegible]

Date Issued
[illegible]

Date Reg. Early
[illegible] County Recorder, Weiser, Idaho on [illegible] Mar. 9, 1922

SUPPORTING RECORD 3.

Type of Document
Affidavit by

Date of Birth
May 2, 1886

Birth Place
Adams County, Idaho

Age
[illegible]

Name of Father
Elias Adams

Name of Mother
Julia Harrington

Date Issued
Aug. 11, 1954

Date Reg. Early
[illegible]

DOCUMENTARY INFORMATION

CLASS B. Affidavit of Alter Ivie, stating that birth day of registrant is May 2, 1886 and the place of birth as in Adams County, Idaho. Parents Mary Ann & Elias Adams

CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar
W. W. Sanson

Evidence Reviewed by
Idaho Revised

Date Filed
Aug. 23, 1954

Class B - Data made and date taken from registrant's file a clerical error. Date made after the 10th anniversary of date of birth.

632-121-006-632

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-913
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olof Angus Olson			2. Date Of Birth (month) June (day) 21 (year) 1886
	3. Color or Race	4. Sex: M	5. Place of Birth a. County: Bingham	b. ~~City~~ or Town of Birth: Oxford
FATHER	6. Full Name of Father: Olof R. Olson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Betty A Olson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olof A. Olson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Nov. 13th 1954	12. Signature of Notary: Joshua T. Evans		13. Notary Commission expires 12-1-1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: entered	Date Orig. Entry: Sept. 2, 1886
Class* A	Date of Birth: June 21,	Birth Place: 1886, Oxford, Idaho	Full Name of Mother: Betty Olsen	Name of Father: Olaf Olsen
SUPPORTING RECORD 2.	Type of Document: Record of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: July 5, 1894
Class B	Date of Birth: June 21,	Birth Place: 1886, Oxford, Idaho	Full Name of Mother: Betty Adelia	Name of Father: Olaf R. Olson
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: Nov. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 16 1954

FATHER

MOTHER

AFFIDAVIT

NOTARY

Date issued

Date orig. entry

Sept. , 1886

Date issued

Date orig. entry

July 6, 1884

Date issued

Date orig. Entry

Date filed

Nov. 16, 1954

533-01-006-792

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JAN 12 1955 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-31
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Curtis Brewster Ellsworth			2. Date Of Birth (month) Sept. (day) 1 (year) 1886
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Lewisville Bingham	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Brigham Henry Ellsworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Helen Adelia Gibson Ellsworth			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Curtis B. Ellsworth		11. Present Address of Registrant: 1044 N. Harrison
NOTARY (Seal)	Subscribed and sworn to before me on: 5th October 1954	12. Signature of Notary: Helen Case		13. Notary Commission expires: Notary Public, Residence, Pocatello, Idaho My Commission Expires June 1, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: Sept. 1,	Date Orig. Entry: 1886
Class* A	Date of Birth: Sept. 1, 1886,	Birth Place:	Full Name of Mother: Helen Adelia Gibson	Name of Father: Brigham Henry Ellsworth
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Robert E. Dye, Ward Clerk L. D. S. Church	Date Issued: Sept. 30,	Date Orig. Entry: 1954
Class B	Date of Birth: Sept. 1,	Birth Place: 1886, Lewisville, Idaho	Full Name of Mother: Helen A. Gibson	Name of Father: Brigham H. Ellsworth
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Jan. 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[redacted]

JAN 12 1955

813-111-016-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-328
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wallace Aroet Hale
2. Date of Birth (month) (day) (year): October 11th 1886
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Soloman Eliphlet Hale
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Helen Louisa Hunter
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wallace A. Hale
11. Present Address of Registrant: Oakley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4th April 1955

12. Signature of Notary: Lloyd E. Smith
13. Notary Commission expires: 31 March 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L. D. S. Church	3-27-55	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 11, 1886	Oakley, Idaho	Helen Louisa Hunter	Soloman E. Hale

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Life Insurance Investment Company	Oct. 2,	1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 11,	1886 Oakley, Idaho	Louisa H. Hale	

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Annie Cook Severe	3-28-55	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
not given	Oakley, Idaho		Soloman E. Hale

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	Apr. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 8 1955

854-102-084-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 575
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Alonzo Hemenway		2. Date of Birth (month) Nov (day) 2 (year) 1886	
	3. Color or Race: W.	4. Sex: M.	5. Place of Birth a. County: Weiser Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Jonathan Bartlet Hemenway		7. State or Country of Father's Birth: Davis Co. Utah	
MOTHER	8. Full Maiden Name of Mother: Rowena Elizabeth Smith.		9. State or Country of Mother's Birth: Utah Co. Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H. A. Hemenway	11. Present Address of Registrant: 601 W. Idaho St Weiser Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: April - 4 1955	12. Signature of Notary: John R. Lloyd	13. Notary Commission expires: 4 - 1 1958	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Joanna Champlin	Date Issued: June 19, 1954	Date Orig. Entry
Class* B	Date of Birth: Nov. 2,1886 / Birth Place: Weiser, Idaho	Full Name of Mother: Rowena Smith Hemenway	Name of Father: J. B. Hemenway	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of America	Date Issued:	Date Orig. Entry: Mar. 15, 1927
Class B	Date of Birth: Nov. 2, 1886 / Birth Place: Weiser, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Lodge Membership	By whom issued and signed: Weiser I.O.O.F. Lodge No. 17	Date Issued: Jun.26,1954	Date Orig. Entry: Feb. 7, 1911
Class B	Date of Birth: 24 yrs. old. / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joanne Hallstrom	Date Filed: 6/14/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 15 1955

JUN 15 1955

793-107884-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 3 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-720
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elbridge Pickett		2. Date of Birth (month) March (day) 7 (year) 1886	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: William Harvey Pickett		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Lucinda Towell		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elbridge S. Pickett	11. Present Address of Registrant: Midvale, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 30 1955	12. Signature of Notary: May Collins	13. Notary Commission expires June 3, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor	By whom issued and signed: Effie Keithley	Date Issued: 7-30-55	Date Orig. Entry:
Class* B	Date of Birth: March 7, 1886 / Birth Place: Midvale	Full Name of Mother: Lucinda Towell	Name of Father: William Harvey Pickett	
SUPPORTING RECORD 2.	Type of Document: voting registration	By whom issued and signed: Naomi Ross, Auditor Washington	Date Issued: 6-27-55	Date Orig. Entry:
Class B	Date of Birth: March 7, 1886 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: child's birth certificate	By whom issued and signed: STATE OF IDAHO #133190	Date Issued:	Date Orig. Entry: child born June 26, 1925
Class B	Date of Birth: 39 years old - Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. L. Benson	Evidence reviewed by: Betty Waller	Date Filed: August 3, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 8

799701-036-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-541
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Morse Price			2. Date of Birth (month) (day) (year): Nov. 1st. 1886
	3. Color or Race: White	4. Sex: M.	5. Place of Birth: a. County: Oneida	b. City or Town of Birth: Samaria, Idaho
FATHER	6. Full Name of Father: John E. Price			7. State or Country of Father's Birth: Brecon, Wales
MOTHER	8. Full Maiden Name of Mother: Emma Morse			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John M. Price		11. Present Address of Registrant: Samaria, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1956	12. Signature of Notary: John H. McAllister, Clerk, District Court		13. Notary Commission expires: Jan. 12, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit		By whom issued and signed: Daniel M. Williams	Date Issued: 5-19-56	Date Orig. Entry:
Class* B	Date of Birth: November 1, 1886	Birth Place: Samaria Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: church record		By whom issued and signed: L.D.S. Church Salt Lake City, Utah	Date Issued: 2-21-56	Date Orig. Entry: baptized Jan. 3, 1895
Class B	Date of Birth: November 1, 1886	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Emma Morse	Name of Father: John E. Price	
SUPPORTING RECORD 3.	Type of Document: daughter's birth certificate		By whom issued and signed: State of Idaho #179069	Date Issued: 11-21-50	Date Orig. Entry: child born Feb. 23, 1930
Class B	Date of Birth: 43 years old	Birth Place: Samaria Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: Betty Waller	Date Filed: May 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 22 1956

316-123-004-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-562
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Isaac Law		2. Date of Birth (month) Sept (day) 23 (year) 1886	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Isaac Brough Law		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Susan Juchau Price		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Isaac Law	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on May 17, 1956	12. Signature of Notary: Fred J. Price	13. Notary Commission expires Oct. 1, 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #184572	Date Issued:	Date Orig. Entry: child born Aug. 18, 1930
Class* B	Date of Birth: 43 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: ordained Oct. 4, 1914
Class B	Date of Birth: September 23, 1886 / Birth Place: Paris, Idaho Bear Lake County	Full Name of Mother: Susan J. Price	Name of Father: Isaac Brough Law	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: Walter Lewis Paris, Idaho	Date Issued: 5-16-56	Date Orig. Entry:
Class B	Date of Birth: September 23, 1886 / Birth Place: Paris Idaho	Full Name of Mother: Susan Juchau Price	Name of Father: Issac Brough Law	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Waller	Date Filed: May 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

JUN 6 1956

133-12-044-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-607
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE LEWIS ALLEN		2. Date of Birth (month) JANUARY (day) 24 (year) 1886	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: IDAHO WASHINGTON	b. City or Town of Birth
FATHER	6. Full Name of Father: George Allen		7. State or Country of Father's Birth: Louisiana	
MOTHER	8. Full Maiden Name of Mother: Mary E. Allen		9. State or Country of Mother's Birth: Texas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geo L Allen	11. Present Address of Registrant: Huntington Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1956	12. Signature of Notary: P. D. Wood	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 23, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 3-22-56	Date Orig. Entry: Census of 1900, June 1
Class* B	Date of Birth: 14 years old January, 1886 / Birth Place: Idaho	Full Name of Mother:	Name of Father: George Allen	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: Church of St. Agnes Weiser, Idaho	Date Issued: 4-23-56	Date Orig. Entry: baptized Jan. 15, 1915
Class B	Date of Birth: January 24, 1886 / Birth Place:	Full Name of Mother: Maria Allen	Name of Father: George Allen	
SUPPORTING RECORD 3.	Type of Document: 542-01-5836 application for Social Security number	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Dec. 2, 1936
Class B	Date of Birth: January 24, 1886 / Birth Place: Washington Co. Idaho	Full Name of Mother: Mary Ellen Allen	Name of Father: George Lewis Allen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: June 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child at birth	2. Date of birth (month, day, year) JANUARY 20, 1920	3. Place of birth (county, city, town)	4. Sex Male
5. Color or race	6. Age	7. Place of birth (state or country)	
8. Full name of father		9. Maiden name of mother	
10. Place of residence of father		11. Place of residence of mother	
12. Place of residence of child		13. Place of residence of child	
14. Date of marriage	15. Place of marriage	16. Place of marriage	
17. Date of death	18. Place of death	19. Place of death	
20. Date of death	21. Place of death	22. Place of death	
23. Date of death	24. Place of death	25. Place of death	
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142-207-006-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-706
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Katherine Just			2. Date of Birth (month) Sept. (day) 7 (year) 1886
	3. Color or Race: White	4. Sex: girl	5. Place of Birth a. County: Bingham	b. City or Town of Birth: On Blackfoot River
FATHER	6. Full Name of Father: Nels Andersen Just			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Emma Thompson			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Just Reid		11. Present Address of Registrant: Rt. 1, Firth, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: July 6, 1956	12. Signature of Notary: H. Wilmin Lundmar		13. Notary Commission expires: Jan. 31, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record Sheet	By whom issued and signed: original viewed by this office	Date Issued:	Date Orig. Entry: ink and paper obviously old
Class* A	Date of Birth: September 7, 1886 / Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Emma Thompson	Name of Father: Nels Anderson Just	
SUPPORTING RECORD 2.	Type of Document: affidavit	By whom issued and signed: Crillia E. Just Firth, Idaho	Date Issued: 7-6-56	Date Orig. Entry:
Class B	Date of Birth: September 7, 1886 / Birth Place: Bingham County Idaho	Full Name of Mother: Emma Thompson Just	Name of Father: Nels Anderson Just	
SUPPORTING RECORD 3.	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #144754	Date Issued:	Date Orig. Entry: child born Sept. 11, 1925
Class B	Date of Birth: 40 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W L Benson	Evidence reviewed by: B etty Waller		Date Filed: July 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

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413-328-944-867

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-752
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Mackey		2. Date of Birth (month) July (day) 28, (year) 1886	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington Co.	b. City or Town of Birth: Midvale, Idaho
FATHER	6. Full Name of Father: William James Mackey		7. State or Country of Father's Birth: Missouri U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Ada Hopper		9. State or Country of Mother's Birth: Missouri U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Mackey Lind	11. Present Address of Registrant: Riverside, California	
NOTARY (Seal)	Subscribed and sworn to before me on: July 5 19 56	12. Signature of Notary: Elizabeth Snepkin	13. Notary Commission expires: March 6 19 60	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #16347	Date Issued: 5-31-56	Date Orig. Entry: child born Sept. 7, 1913
Class* B	Date of Birth: 27 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: Royal Neighbors of America #48360	Date Issued:	Date Orig. Entry: applied May 31, 1923
Class B	Date of Birth: July 28 1886 / Birth Place: Midvale, Idaho Washington County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Ada Mackey Riverside Co., California	Date Issued: 7-17-56	Date Orig. Entry:
Class B	Date of Birth: July 28 1886 / Birth Place: Midvale, Idaho Washington Co.	Full Name of Mother: Ada Hopper Mackey	Name of Father: William James Mackey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W E Benson	Evidence reviewed by: bw Betty Waller	Date Filed: July 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 19 1948

FATHER

Full name of father: [illegible]

MOTHER

Full maiden name of mother: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

Signature of registrant

Signature of notary

Present address of registrant: Riverside, California

Notary Commission expires: March 6

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of document: [illegible]

Date of birth: [illegible]

Birth place: Idaho

Date issued: [illegible]

Name of father: [illegible]

Class: B

SUPPORTING RECORD 2

Type of document: [illegible]

Date of birth: July 8, 1896

Birth place: Idaho, Idaho

Date issued: May 31, 1948

Name of father: [illegible]

Class: B

SUPPORTING RECORD 3

Type of document: [illegible]

Date of birth: July 28, 1885

Birth place: [illegible]

Date issued: 7-17-36

Name of father: [illegible]

SUPPLYING INFORMATION

RECISTRAR'S CERTIFICATION

I hereby certify that no birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which establishes the facts as set forth in the foregoing application.

Date filed: July 19, 1948

595-209-035-664

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-149
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Belle Vincent			2. Date of Birth (month) Sept. (day) 9 (year) 1884
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Leland, Idaho	b. City or Town of Birth: Leland
FATHER	6. Full Name of Father: John Chris Vincent			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Emma Jane Woddard			9. State or Country of Mother's Birth: Missouri & S.C.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie Belle Fitzpatrick		11. Present Address of Registrant: Donalda, Alberta, Can.
NOTARY (Seal)	Subscribed and sworn to before me on: July 26 1956	12. Signature of Notary: W. W. Gentry		13. Notary Commission expires: Dec 31 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lodge record	By whom issued and signed: Donalda, Alberta Valley View Rebekah	Date Issued: July 26,56	Date Orig. Entry: Dec.13,1928
Class* B	Date of Birth: Age 42	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Lewiston, Idaho Glenn Farthing-Notary	Date Issued: Aug.24,56	Date Orig. Entry: Original rec. viewed by Notary
Class B	Date of Birth: Sept.9,1886	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: U. S. Census Record	By whom issued and signed: Dept. of Commerce	Date Issued: 2-1-57	Date Orig. Entry: June 1, 1900
Class B	Date of Birth: September 1886	Birth Place: Idaho	Full Name of Mother: Emma Vincent	Name of Father: John Vincent
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	vr Shirley Straubhar	Feb. 14, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

FEB 1 0 2007

35-6-126-006-416

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-717
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl F. Leonardson		2. Date of Birth (month) May (day) 26 (year) 1886	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Small, Bingham	b. City or Town of Birth: Small
FATHER	6. Full Name of Father: Charles H. Leonardson		7. State or Country of Father's Birth: Waterloo, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Ida May Dawley		9. State or Country of Mother's Birth: Providence, R.I.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl F. Leonardson	11. Present Address of Registrant: Declair, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 15 1956	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: September 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho-64781	Date Issued: child born 11/21/18	Date Orig. Entry:
Class* B	Date of Birth: Age 32 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: New York life insurance policy	By whom issued and signed: Mr. Kingalen-President	Date Issued: May 22, 1926	Date Orig. Entry:
Class B	Date of Birth: May 26, 1886 / Birth Place: Small, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 28, 1937
Class B	Date of Birth: May 26, 1886 / Birth Place: Small, Idaho	Full Name of Mother: Ida M. Leonardson	Name of Father: Charles H. Leonardson	
QUALIFYING INFORMATION				

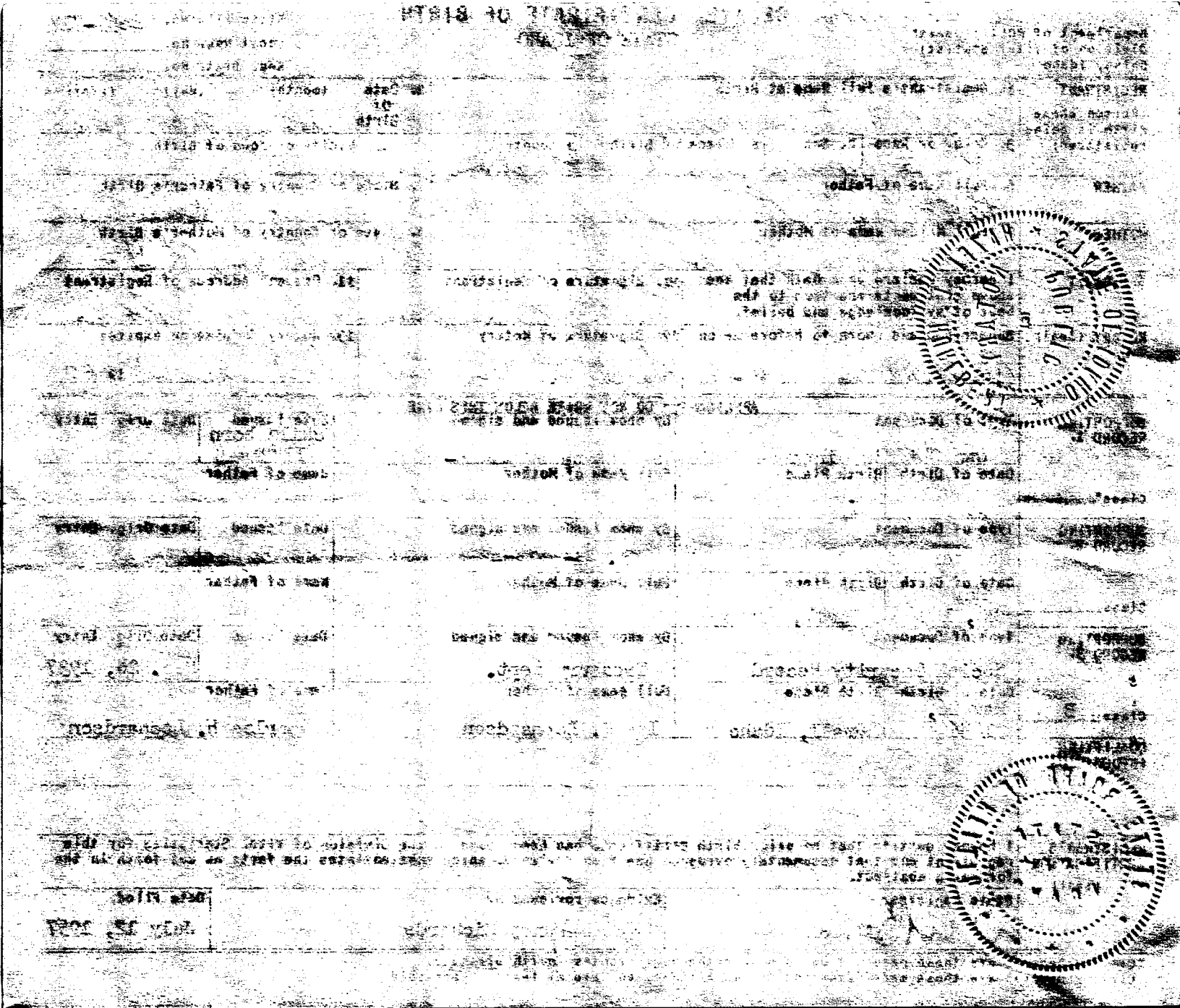
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	jm Nancy Richards	July 12, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067



366-15-014-785

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-43

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vestal Phelps Coffin			2. Date Of Birth (month) (day) (year): January 15, 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Sherman Myers Coffin			7. State or Country of Father's Birth: Ottumwa, Iowa
MOTHER	8. Full Maiden Name of Mother: Jesse Phelps			9. State or Country of Mother's Birth: Juneau, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: V Phelps Coffin		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1958	12. Signature of Notary: Phoebe J. McGrath		13. Notary Commission expires: Notary Public Residing at Boise, Idaho My Commission expires August 6, 1960. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Manford Howard Coffin	Date Issued: Viewed by vital stat. no alterations - obviously very old	Date Orig. Entry
	Date of Birth: Jan. 15, 1886	Birth Place: Caldwell, Idaho	Full Name of Mother: Jesse Phelps	Name of Father: Sherman Myers Coffin
SUPPORTING RECORD 2.	Type of Document: Marriage Register	By whom issued and signed: Ada County Boise, Idaho	Date Issued: 1-23-58	Date Orig. Entry: Sept. 19, 1922
	Date of Birth: Age 36	Birth Place: Caldwell, Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus Hospital Boise, Idaho	Date Issued: 1-23-58	Date Orig. Entry: Aug. 30, 1951
	Date of Birth: Age 65	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	sc Shirley Cooper	Jan. 27, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Name of child (First, middle, last)			2. Date of birth
Jesse Phelps			January 15, 1920
3. Sex	4. Color or race	5. Place of birth (County)	6. Place of birth (City or town)
Male	White	Canyon	Caldwell
7. Father's name			8. State or country of father's birth
Stevens Myers Griffin			Oklahoma, Iowa
9. Maiden name of mother			10. State or country of mother's birth
Jessie Phelps			Juneau, Wisconsin
11. Attendant (Physician, midwife, other person)	12. Address of attendant		13. Present address of informant
[illegible]	[illegible]		[illegible]
14. Date informant signed	15. Address of informant		16. Relationship of informant to child
[illegible]	[illegible]		[illegible]
17. Date received by registrar	18. Registrar's signature		
[illegible]	[illegible]		

Type of document			Date issued
Family Record			Viewed by vital stat.
Type of birth (Hospital, home, etc.)		Name of Mother	Type of [illegible] very old
Idaho	Caldwell, Idaho	Jessie Phelps	Stevens Myers Griffin
Type of document			Date issued / Date orig. entry
Marriage Register		Bride's name	1-23-38 / [illegible]
Date of birth (Hospital, etc.)		Place of birth	Name of father
[illegible]	[illegible]	[illegible]	---
Type of document			Date issued / Date orig. entry
Hospital Record		Bride's name	1-23-38 / [illegible]
Date of birth	Place of birth	Bride's name	Name of father
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Registrar's Certificate

I hereby certify that no other birth certificate has been found in the division of vital statistics for this child and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

Registrar's signature	Indicate reviewed by	Date filed
[illegible]	[illegible]	June 2, 1938

893-06-016-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Russell Hitt			2. Date of Birth (month) (day) (year): December 6, 1886
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Malta
FATHER	6. Full Name of Father: James B. Hitt			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jane Lavina Parke			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Russell Hitt		11. Present Address of Registrant: Malta Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Washington 25, D. C.	Date Issued: 1-10-58	Date Orig. Entry: Census of June 1, 1900
	Date of Birth: Dec. 1886	Birth Place: Idaho	Full Name of Mother: Jane L. Hitt	Name of Father: James B. Hitt
SUPPORTING RECORD 2.	Type of Document: (10 years senior) Affidavit by person present at time this birth	By whom issued and signed: Charles S. Gamble	Date Issued: 11-29-57	Date Orig. Entry:
	Date of Birth: Dec. 6, 1886	Birth Place: Cassia County Malta, Idaho	Full Name of Mother: Jane Lavina Parke	Name of Father: James B. Hitt
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #143155	Date Issued: Child's birthdate	Date Orig. Entry: july 4, 1926
	Date of Birth: Age 39	Birth Place: Malta, Idaho	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Shirley Cooper	Date Filed: March 31, 1958

FORM BH 56067 1-copy Pd

APR 2 1958

FEB 8 1968

1. Name of child (if any)	2. Sex: Male	3. Place of birth: County: Cassia
4. Date of birth (month, day, year): December 6, 1886		5. City or town of birth: Malta
6. Full name of father: James B. Hitt		7. State or country of father's birth: Missouri
8. Maiden name of mother: Jane Irvine Parke		9. State or country of mother's birth: Nevada
10. Signature of informant: [illegible]	11. Relationship of informant: [illegible]	12. Present address of informant: [illegible]
13. Signature of notary: [illegible]	14. Notary commission expires: [illegible]	

Source of information: Federal Census Record	Date of birth: Dec. 1885	Place of birth: Idaho
Full name of mother: Jane I. Hitt	Full name of father: James B. Hitt	
Source of information: (10 years senior) Affidavit by person present at time this birth	Date of birth: Dec. 6, 1886	Place of birth: Cassia County, Raft, Idaho
Full name of mother: Jane Irvine Parke	Full name of father: James B. Hitt	
Source of information: Own Child's Birth Certificate State of Idaho #13155	Date of birth: Age 39	Place of birth: Malta, Idaho
Full name of mother: ----	Full name of father: -----	

Date issued: I-10-58	Date of birth: June 1, 1900	Source: Census of
Date issued: 11-29-57	Date of birth:	Source: Child's Birth Certificate July 4, 1886
Date issued:	Date of birth:	Source:

Signature of registrar:	Evidence reviewed by: Shirley Cooper	Date filed: March 31, 1958

764-203-016-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-952

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Hyde Poulton			2. Date of Birth (month) Nov (day) 3 (year) 1886
	3. Color or Race: White	4. Sex:	5. Place of Birth: a. County: Oakley [redacted]	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: William S Poulton			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Birch			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary See		11. Present Address of Registrant: 734 Overland Ave Burley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 6 19 58	12. Signature of Notary: John F Davidson		13. Notary Commission expires: Jan 1 1961 19

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: 1st Ward, Burley Stake IDS Church, Burley, Ida.	Date Issued: 6-1-42	Date Orig. Entry: Feb. 7, 1932
	Date of Birth: Nov. 3, 1886	Birth Place: Cassia Co. Oakley, Idaho	Full Name of Mother: Annie Bird	Name of Father: William Poulton
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #17592	Date Issued:	Date Orig. Entry: child born Feb. 9, 1917
	Date of Birth: age 30	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Family record--photostat	By whom issued and signed: original viewed by Notary Public John F. Davidson; Burley, Ida.	Date Issued: 11-25-58	Date Orig. Entry: before 1920
	Date of Birth: Nov. 3, 1886	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Bennett	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 1, 1958

FORM BH 56067

DEC 2 1969

366-226-014-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-1095

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maysel E. Cooper			2. Date of Birth (month) April (day) 26 (year) 1886
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Callistus William Cooper			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Dora Doering			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maysel E. Cooper Mc Intuff		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 23 1960	12. Signature of Notary: W W Benson		13. Notary Commission expires: August 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #59594	Date Issued: ------	Date Orig. Entry: April 16, 1918
	Date of Birth: Age 31	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: John W. Perry, Supt. of Schools Caldwell, Idaho	Date Issued: December 22, 1960	Date Orig. Entry: July 3, 1893.
	Date of Birth: Age 7	Birth Place: -----	Full Name of Mother: -------	Name of Father: C. W. Cooper
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Association D. Clarence Borup secretary	Date Issued: October 23 1934	Date Orig. Entry: October 23, 1934
	Date of Birth: April 26, 1886	Birth Place: Caldwell, Idaho	Full Name of Mother: -------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ec Elaine Coy	Date Filed: December 23, 1960

FORM BH 56067

DEC 23 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State file No. De 6 -1955

1. Name at birth: Hazel E. Cooper		2. Sex: Female	3. Date of birth: April 26, 1886
4. City or town of birth: Caldwell	5. County of birth: Canyon	6. Color or race: White	
7. Full name of father: Calistus William Cooper		8. Maiden name of mother: Florence	
9. State or country of father's birth: Iowa		10. State or country of mother's birth: Iowa	
11. Present address of applicant:		12. Signature of applicant:	
13. Signature of notary:		14. Notary commission expires:	

Supporting Record 1: Type of document: Same as single birth certificate On file in Idaho #59594		Date issued or signed: ------	Date filing: April 16, 1918
Date of birth: Age 21	Place of birth: Idaho	Full name of mother: -------	Name of father: -------
Supporting Record 2: Type of document: School record		Date issued or signed: John W. Carr, Supt. of Schools Caldwell, Idaho	Date filing: July 3, 1893.
Date of birth: Age 7	Place of birth: ------	Full name of mother: -------	Name of father: C. W. Cooper
Supporting Record 3: Type of document: Insurance Policy		Date issued or signed: October 23 1934	Date filing: October 23, 1934
Date of birth: April 26, 1886	Place of birth: Caldwell, Idaho	Name and signature of issuer: Mutual Benefit Association H. Clarence Spring secretary	Name of father: ----------
		Full name of mother: -------	

Certificate of Registrar: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the attached delayed statement.

Registrar	Clerkess reviewed by	Date filed
M. W. Benson	es Elaine Coy	December 23, 1960